FOR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self-Employed-General Contract 20 Spinners Court Colquhoun Mrs. Theresa Acosta B Randallstown. APPROXIMATE INTERVAL BETWEEN ONSET AND DEA THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN Woodlawn Cemetery Woodtawn Loring Byers Funeral Director's DATPREAD. BY REGISTRAR 256 REGIST 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 8728 Liberty Road Randallstown, MD. 21133 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Reisterstown, Md. 21136

Eline Funeral Home

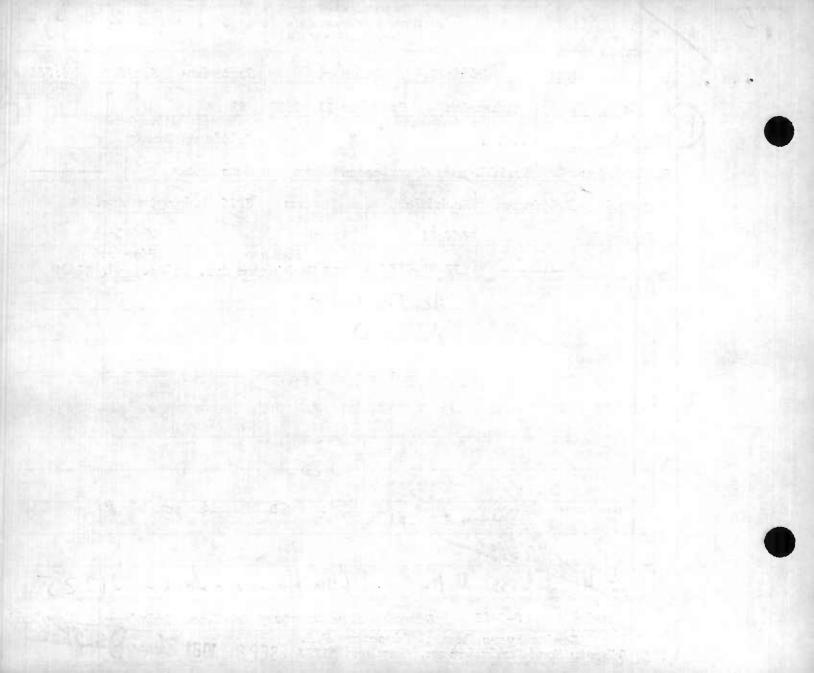
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	STATE OF MARYLAND  1 - STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  DEPARTMENT OF DEATH	5 6
	DECEASED NAME FRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT) RACHEL L AMEDEE 12/ 9 24 8.	10
3. :	SEX  4. RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  12/ 5/ 1895  WHITE  4. RACE  5. DATE OF BIRTH  MONTHS  DAY  YEAR  YEAR  12/ 5/ 1895  YRS.	
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  NARRIED   NEVER MARRIED   PALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED   TO BE A L. F. C.	
the self		OF BUSIN
3 50	USUAL RESIDENCE (IF NURS 1) COLLECTIVE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  30. STATE  MD. 13d INSIDE CITY LIMITS?  13d. STREET ADDRESS  YES NO. 3213 Westerwald	Ave
300	FATHER'S NAME  ALEXANDER HAMILTON LEONARD HARDENIA LUCY LELA	MD
7 led	66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS EILEEN MARZAK 2301 PENTLAND DR. 21	.234
injury, or ather troumatic	Conditions, if ony, which gove rise to immediate couse (o1), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	](0)
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ed o	21d INJURY OCCURRED  21e PLACE OF INJURY  WHILE NOT WHILE AT WORK  NOT WHILE AT WORK  NOT WHILE AT WORK  21e PLACE OF INJURY  LAT HOME STREET, FACTORY, OFFI FARM ETC.)  21f LOCATION  STREET  CITY OR TOWN  COUNTY	
of Health of 21 is mork	220.1 certify that (1) (this haspital) attended the deceased from, 19, to, 19, sow the deceased alive on, 19, and that in (my) (our) opinion death occurred on the date and hour and from to above, (1) (we) (did) (did not) view the body after depth.	
ote Dept.		9/24
0 -		
with the Stote	22d PHYSICIAN'S NAME (IVPE OR PRINT) EDDIE, NAKHUDA 22c ADDRESS STELLA MARIS HOSPICE	

ACHTER CONTRACTOR CONT SHEAR SHEET TO LOSE THE CAR. 

/		CEASED NAME	FIRST		MIDDLE	1	AST	REG. N 20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	TYPE	OR PRINT!	Emma	F	Riddell	An	derson	September	5,	1981	4:35A
	1.5E		1	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HE
1		male		Cauca		Decen	ber 11, 1888	92	YRS		HOURS M
M	1//	COUNTRY	OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	-		200
Y		rginia TY OR TOWN OF D	EATH	U.S.A.	HOSBITAL ALLIBORAL	WIDOWE	DROTHER INSTITUTION	Baltimore			
	Ra	ndallstow	m	Randall	stown Con	vales		(TYPE OF WORK FOR MOST OF HOME Make)		LIFE) INDUSTRY	OF BUSINESS
21	13a. S	al residence (IF NU STATE TY land	13h COUN Balti	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Rockdale	N	13d. INSIDE CITY LIMITS?	3615 Wash	inato	n Ave.	
		THER'S NAME					15. MOTHER'S MAIDEN NA		7,00		
10		Robert	,	AIDDLE	Riddell		Betty	MIDDLE	Wh	itlock"	ST
medica /	16a V	AS DECEASED EVE		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT France	es ADDR		eracci	
e me	no				217-22-3	736	3615 Washing		alto.	, Md. 2.	1207 MATE INTERVAL ONSET AND DE
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srked or Hem 18 shows ony injury, ar ather troumat	MEDICAL CERTIFICATION	gove rise to it couse (a), store underlying counderlying counderlying counderlying counderlying counderlying counterlying contributing (if Ether Nothly ME 21d, INJURY OCCU	mmediate ting the se lost  GNIFICANT C  ATION  NOERLYING   CAUSE OF DEA  RRED  WHILE	DUE TO, C  (c)  ONDITIONS C  19b COND  21b TIME C HOUR A P 21e PLACE	OR AS A CONSEQUE	NCE OF  DEATH BUT  OPERATION  Y YEAR  19	N WAS PERFORMED	70a AUTOPSY? YES NO	20b. IF YE IN CERT Y	ES, WERE FINDIF IFYING CAUSES 'ES []	NGS USED OF DEATH? NO
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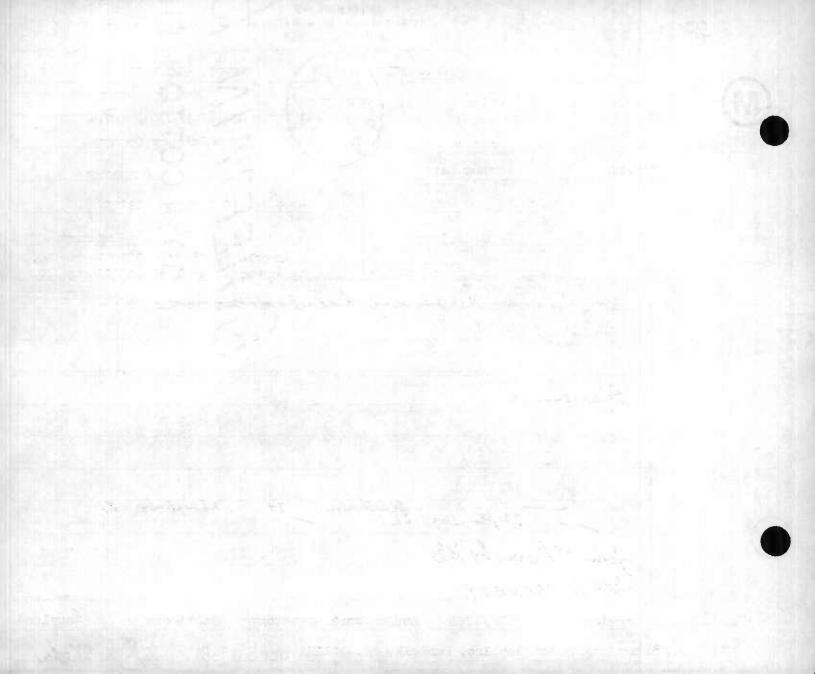


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Walter Brooks Bradley Inc. Dundalk, Md.

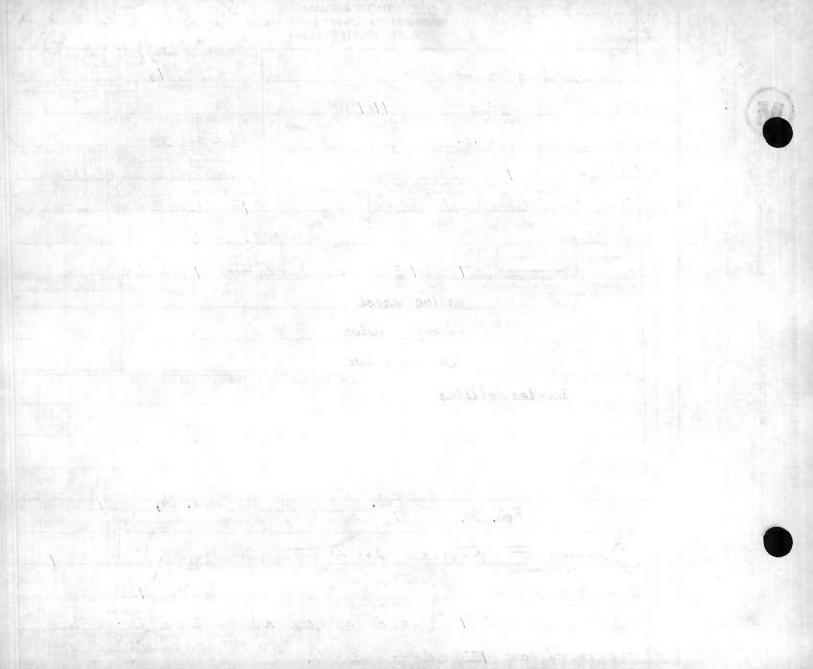
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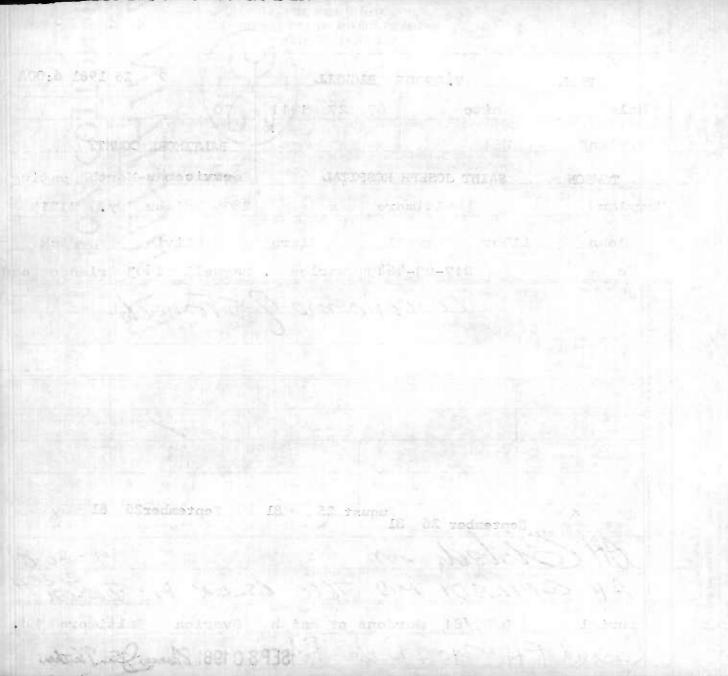
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



X	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE O REG. NO	2 2	5	6 /
noy be page 3 er death		CEASED NAME FIRST MAT	ie .	Johanna	Au	er	20. DATE OF DEATH	27-81	YEAR	26. HOUR 11:30P
4 5 5	3. SE	Female	4. RACE Cauas:	ion	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER TYEAR	IF UNDER 24 HRS
S 2 2 2 3		IRTHPLACE (STATE OR FOREIGN COUNTRY) Saltimore, Md		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re County		м
by the fulled with	T	owson e	Stel.	la Maris	Hospi	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF HOUSEWII	F WORKING LIFE) IN	DUSTRY	BUSINESS OF Baking
filled in nould be	130.	AL RESIDENCE (IF NURS STATE MD		Bal timo	ADMISSION) N C	13d INSIDE CITY LIMITS? YES NO	13enstreet Appress	elvedere	Ave.	
impletely and 2 sh	14. F.	ATHER'S NAME Afficial	WIDDLE	Klätt		15. MOTHER'S MAIDEN NA Barbara	MIDDLE		? LAST	
n and ca Pages 1	160 N	WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? GIVE WAR OR DATES)	218-28-		17. INFORMANT Stella Mari	s Hospice		Valle	y Rd.
equires that the deat signed by the atter Then please remave or to burial, cremation, njury, ar ather traum	NO.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN	V PART 1(o	,
he law re bas beer t permit ene prior	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		
S PHYSICIAN: TI attending physician this certificate the burial-transit and Mental Hygin ked ar Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF USE EITHER, NOTIFY MEDICAL EXAMS 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A NER) P 21e PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F	19	21s. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	10.00	OR PART 2)	STATE
IN OR ATTENDING P the hospital or attent to DRECTOR: After it etached for use as the te Dept. of Health are it if them 21 is marked		270. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 27b. SIGNATURE	an	19	-	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [	, ta	F		SIGNED
TO HOSPITAL etained by 11 TO FUNERAL shauld be det with the State		Stephen K.		D.		220 ADDRESS  8501 LaSal				
2 BP	230.	Burial, cremation, remov Surial		23c. N		emetery or crematory n Park Cem.	23d LOCATION CITY OF TOWN Baltimos	re Bal	timo	
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNE AL DIRECTOR	V -	16 A APDRESYL	2/1/2	16/ 15E	P30 1981	HID REGISTRAR'S	SIGNATI	IDE STATES

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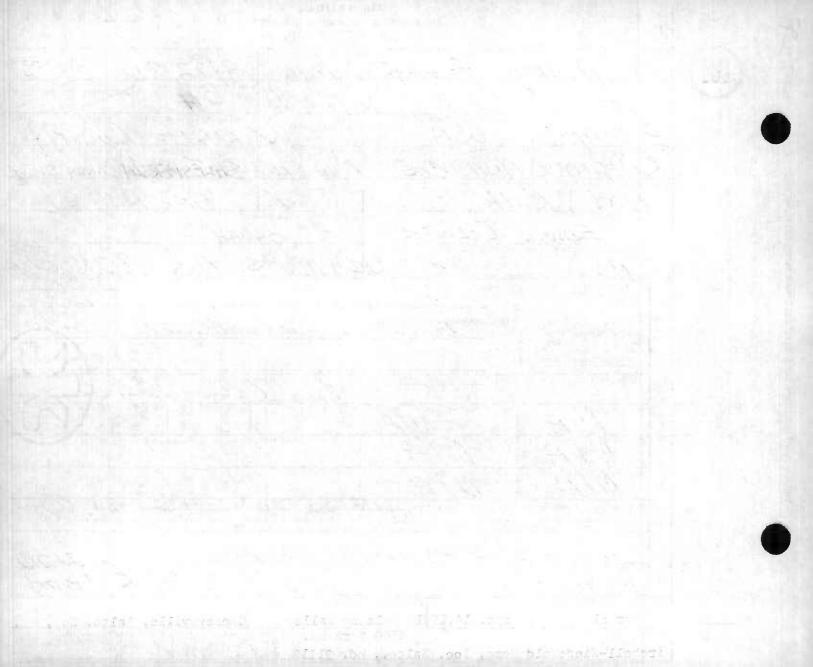
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

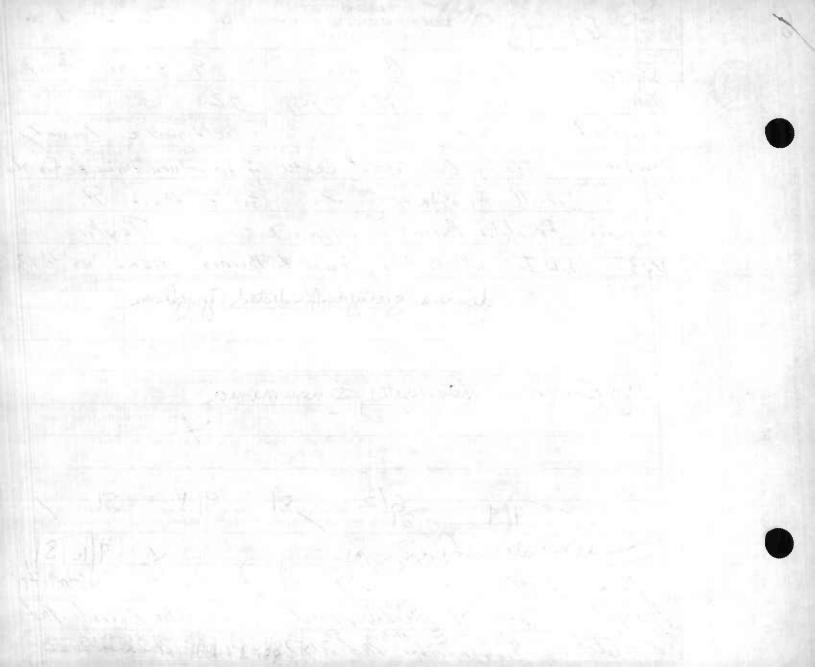
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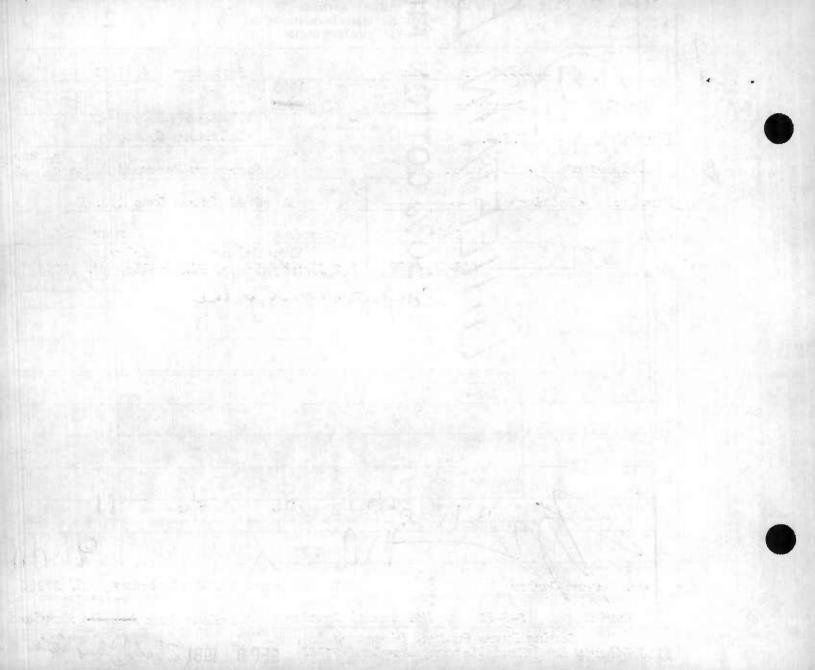
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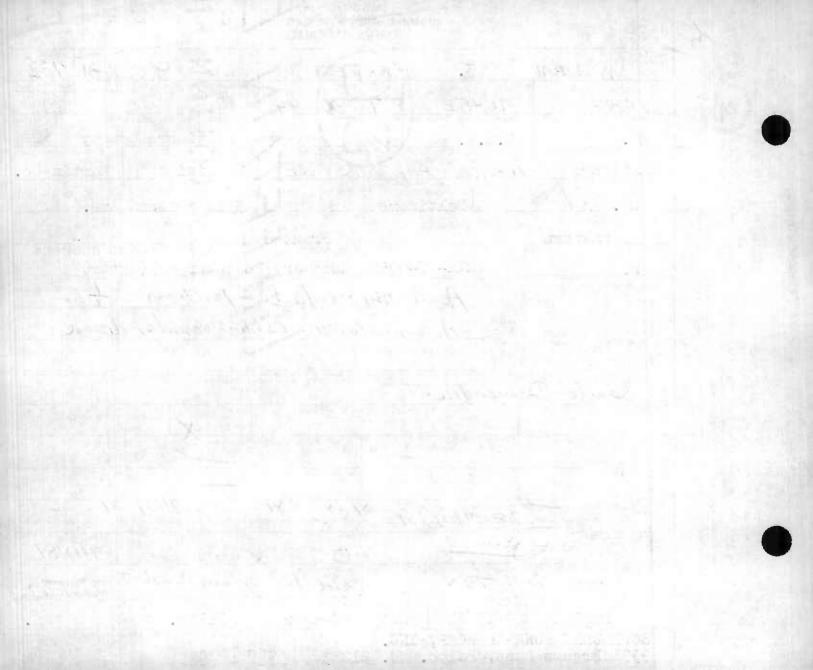
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	: (M)		OR PRINT)  CEASED NAME  FIRST  OR PRINT)	24 Elizabe	BALDWIN	9/2/8.	OAY YEAR 26 HOUR 35
	100 pt 10	3. SE.	F	PRACE CAU	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) YRS.	IF UNDER 1 YEAR THUNDER 24 HRS
	death. Po	£	NGIAND	76. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	COUNTX MO.
201	us aft by th filed	10.0	aftimore	HEINACOS	ST IVUR XOM	12a USUAL OCCUPATION (TYPE OF MOST OF MORKING	126. KIND OF BUSINESS OR INDUSTRY  CHANDY STORE
LAND 21	in 24 hour y filled in should be in	130. 5	AL RESIDENCE (IF NURSING HOME OR	13c CITY OF TOW	SON 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS	Jill Rd
MARY	completely 1 and 2 sh		THER'S NAME FIRST EDWI	COLWELL	FIRST SA	ARAH -	LAST
BALTIMORE	be execu		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU (E WAR OR DATES) 213-4	17. INFORMANT	ST N. H.	812 Regester
ST., BAL	stificate a physicis on paper emoval. event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and b 8Y: TE CAUSE (a)	aked astern.	ulerous!	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	deoth ce offendin nove carb ofian, or i fraumofic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQU		sulesonie!	10+70
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RECORDS, 2	requires to the plant to bur y injury, or	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	Lawrekspr.	west this.
	on. hos be t permi	CERTIFICATION	No. DATE OF OPERATION	1	OPERATION WAS PERFORMED	YES NO	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES NO
V OF VIT	PHYSICIAN: The ending physicio this certificate the burnal-transit at Aental Hygie d or Item 18 sho		23a, ACCORPHING DELEVING CONTROLLING DELAVOR D	P.A. V/V/	YEAR 19	RED (ENTER MATURE OF INJURY IN ITEM 16	3 PART I OR PART 2)
DIVISION OF VITAL	s the other	MEDICAL	White A STATE OF THE STATE OF T	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OPICE)	PARM, ETC.)	Zity OR TOWN	COUNTY STATE
	RATTENDIN haspital ar RECTOR: Afi		sow the deceased plive on above, (1) (we) (did) (did no	tal) attended the deceased from 19 21 view the body after death.		depth occurred on the date and he	
	OR Dep		726. SIGNATURE Thederic	k J. Vollnee	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	222. DATE SIGNED
	TO HOSPITAL retained by th TO FUNERAL should be deta with the State		PU VOLINE	DER	27e ADDRESS	YORK Rd	BAHO AND
		23a. (	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 23c Sept. 14,1981	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY ORTOWN	COUNTY STATE
	BP DHMH- 16 30M 2/80	_	JNERAL DIRECTOR		Dulaney Valley 6500 York Rd. 256 DA	Cockeysville, TE REC'D. BY REGISTRAR 251. REGISTRAR	STRAKS SIGNATURE W.
	0.48 A 3.6 A)	Mii	chell-Wiedefel	d Home, Inc. Bal		P 1 6 1981 Mar	w d





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DEPARTMENT OF HEALTH AND MENTAL HYGIENES -- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN BY (TYPE OR PRINT) ESTI-GERTRUDE M . BAUEREIS DEATH MATED 3. SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY F W 3/23/97 84 YRS 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY BALTIMORE COUNTY Maryland USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR INDUSTRY TOWSON Printing Press Operator MUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 1131. CITY OR TOWN 13e. STREET ADDRESS 14-101 Gaither Manor Maryland YES [ NO I Carrol IB. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 SHOUSION ON WITH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Lillian Schneider Eme1 166 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 218 18 1657 Ruth B. Wood, Balto., Md. 18 CAUSE OF DEATH (Enter only one cause the USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190. DATE OF OPERATION BURIAL FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U IN TIME OF INJURY 71s EXTERNAL CAUSE WAS 2 UNDERLYING PRIOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEAH, WITH THE STATE DE BAILIMORE, MARKIAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET 21201 WHILE NOT WHILE 220 I certify that I took charge of the remains described above, held apand in my apinian Autopsy Inspection Accident Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME CHARLES T ODONNELL M. DADDRESS. 7501 York Road, Balto., Md. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Balto. Green Mount Cremation 9/10/81 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR York Road Balto., **DHMH-17** (VR A15 ME (5)) 15M 2/80

Maryland Carrell Syssaville 114-101 Settler Nation Ltd. He H Fema Schnot ten Els 18 1657 Fluth E. Wood, Selto., Md. E.

6	FOR STATE REGISTRAR	REO, NO.									1	
ET,	1. DECEASED NA (TYPE OR PRINT)	Robert		H.	В	eatty		26. DATE OF DEATH	ESTL	MONTH	DAY YEAR	26 HOUR
DIRECTOR. OUR FILES. 172 HOURS ON STREET.	Male	Cauc.	5. DATE OF BIRTH DAY 7 14	1915 6. AGE (IN ) LAST BIRTH			HOURS A	HRS. 20 DAT	JNICED Y	MONTH	DAY YEAR	95 M
NECESSARY, PEASE FUNERAL DIRECTOR. S. FOR YOUR FILES WITHIN 72 HOURS W PRESTON STREET,	70. BIRTHPLACE FOREIGN COUNTR  Mary  10. CITY OR TOW	Y)	76. CITIZEN OF WE	A	WIDOW		DIVORCED	Bal	MORECHY ( ltimor	e Cou		MD
<b>FV</b> /0	Cockey	sville	11 Quiet	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS Stream C	ourt	er institut	ION I	FOR MOST OF WO	ORKING LIFE)		OR INDUSTI Penn. R	RY
2033	Maryla	nd Balt		136 CITY OR TOWN		13d. INSIDE CIT Yes 🔲	IY LIMITS?	3e. STREET ADDI	RESS Let Str			
30	14. FATHER'S NAV	v H.	MIDDLE	Beatty		FIR	R'S MAIDEN	NAME	MIDDLE		LAST	
/		SED EVER IN U.S. ARM		051-09-68		ZIZOD	Wso	h NM n Drive bgra B.	, CBEE		ille, M	d.
PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 2 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gave cause lying c	ions, I ony, which rise to immediate (a) stating the under-ause last.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE	OF O	DR (DNDITION	GIVEN IN PART	2V2			5=7	ko
JANAL, O	190. DATE O	OF OPERATION	196 CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORM	MED?				20 AUTOPSY	NOVI
25 BO		NAL CAUSE WAS NG OR TING CAUSE OF D		INJURY MONTH DAY YEA	AR 21c HC	OW INJURY (	OCCURRED	ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART		
	WHILE	OCCURRED  NOT WHILE  AT WORK	71e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR T	OWN	COU	NTY	STATE
BALTIMORE, MARYLAND, 2		Musel S NAME	LICONS B		Autopuicide	Homicio TDU (SP	Luty	Inquiry Undetermined in MEDICAL EXA	manner .	DATE SIGNED	5/11/8	7
A 8	30.BURIAL, CREM (SPECIFY) Burial		9/14/81	23t. NAME OF CE				23d LOCATION CITY OR TOWN	evsvill	COUNT		ATE
5))	74 FUNERAL DIR	ECTOR	ADDRESS.	10 W. Pad		7.		14 198	AR 25h BEG	ISTRAB'S SH		

The second state of the second second

1	1	FOR	DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	ENE B	22578
N		- STATE REGISTRAR Nellie	Alice Belas	CERTIF	ICATE OF DEATH	REG. NO	
		DECEASED NAME FIRST	MIDDLE	I.	AST		MONTH DAY YEAR 76 HOUR
3 74	1	Nollie	Alice	Be	105	9-1	4-1981 N
and man	3	SEX	RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(M)	L	Female	White	Non	6, 1893	87	MONTHS DAYS HOURS MIN.
4 30 De		COUNTRY)	b CITIZEN OF WHAT COUNTRY?	MARRIE (	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH
\$ 10 DO		aryland	U.S.A.		DXX DIVORCED		re County MC
1 11 90	4	atonsville	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Shady Nook N	ADDRESS)		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	
Se hou	ਹ: 13	UAL RESIDENCE (IF NURSING HOME OR ISTATE 128 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 136. CITY OR TOW Baltimo	ADMISSION)		13e. STREET ADDRESS	thern Ave.
7 74 7	1.	FATHER'S NAME	partino	re	YES X NO		therm Ave.
1 100	1		IDDLE LAST	- 40	FIRST	WIODLE	LAST
1 1000	4.	WAS DECEASED EVER IN U.S. ARA	F. Ozel	DITY NO	Anna	ADDRE	Masindukas
and on the	× 100	IYES, NO OR UNKNOWN)   IF YES, GIVE	WAR OR DATES)		17 INFORMANT Land		
4 5 8	-	NO			Anthony Oz	et SIOI Si	
erthcate a physic an paper removal event, 8		PART I. DEATH WAS CAUSED IMMEDIATE	/	1:/.	6		APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
th ce ndin corb	1	33/0	DUE TO, OR AS A CONSEQUE	NCE OF	49.		~
the deat the atter remove c emation, er traum		Canditions, if any, which	( 16) alliter	men	1 Digama		3ger.
that the d by the lease rem ial, crema		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
quires signe Then p to bur njury, s	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
os beer os prior ne prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N. The hysicial rousit Hygier 18 sho	1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR		
IYSICIAN: T ding physicals certificate burial-transi Mental Hygor them 18 sh		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	Y YEAR			
ottendin ottendin ter this s the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
Af Af		220-1 certify that (I) (this haspite		May	9 19 79	, to Sept.	14 , 19 5/, that (1) (Ne) fast
TIEN pitol TOR for u		saw the deceased alive an obove, (I) (Ne) (did) (did not	Sept. 9 19 )	, an	d that in (my) (out) apinian d	eath accurred an the da	ite and haur and fram the causes stated
hos hos IREC hed ept.		22b. SIGNATURE	view me body oner deam.	(	DEGREE	77872	22c. DATE SIGNED
the the District Dist		Bann R.	Maryan	20	ATTENDING PHYSICIAN	MEDICAL STAF	FANT 9-14-81
HOSPITAL ned by th FUNERAL JID be detent the State ORTANT: H	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	1	22e ADDRESS		
1000=		David R.	Meseman	HD.	4713 Leed	15 Ave 1	Arbutys
5 a 5 a 3 8	23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
// BP		Burial	9/18/81 Ho	ly R	edeemer Cem	CITTORTOTT	ore, Maryland
DHMH - 16 50M 7/77	24	FUNERAL DIRECTOR Bal	timore ADDRESS M			REC'D. BY REGISTRAR	256 REGISTRARIS SIGNATURE
(VR A 15 (4))	(	eorge J. Gonc	e 4001 Ritchi	e Hg	wy Si	P 16 1981	Crances Jan

ndimed arrents fail to all ax .ava grandspot little - k fill specialist reflect frequency and feet to be adjusted sorte J. Couce Will danks were applicable of 1981 2200 acres J. Couce J. Co

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

Balto., Md.

21212

4905 York Road

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

1:30A

IF UNDER 24 HRS

1981

Vogt

YES [

COUNTY

22c DATE SIGNED

Maryland

Mittel Nov. 38, 1911 Baltimore x 1101 St. Paul Street I CLEVE STORY George N. Beneze Elizabeth ISQSIEV YEAR TWA. 215 07 0245 Horenos E. Benezza, Upper Durist, Ris. STALLS TAY SEAR SEA SPLEDS (DESCA 105 in , conila Surial 9/28/81 Loudon Park Honor W. Janking & Sons Co. 1905 York Rosd Balto., Mr. =1219

STATE	OF.	MARY	LAP

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 2	5 8	Û
	I DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		2b HOUR	
	JULIUS		BER	RG	SEPT. 20,19		3:45	PM
7	3. SEX	4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTH	MONTHS DA	EAR IF UNDER 24	MIN.
	MALE 7a. BIRTHPLACE (STATE OR FOREIGN	WHITE		E26,1905 YEAR	76	YRS.		
7	RUSSIA	USA	MARRIE		9. BALTIMORE CITY OR BALTIMORE		0,	MD.
2	BALT IMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STREE 2822 MARNAT	ING HOME ( ET ADDRESS) RD.	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF CARPENTER		D OF BUSINES: RY LDING	SOR
	USUAL RESIDENCE (IF NURSING HOME O 130 STATE MARY LAND	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM  134 CITY ORTO  BALTIM		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2822 MARNA	AT RD. (212	09)	
0	14 FATHER'S NAME ABRAHAM	MIDDLE	UN	MICHYEH	WE	GOI	RSHTEL	
3	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 051-20-		MRS. ANNA BE	RG 2822 MARN		21209)	
	Conditions, if any, which gove rise to immediate couse late stating the underlying couse last.  PART 2 OTHER SIGNIFICANT I PART 2 OTHER 2 O	(b)	DEATH BUT	NOT RELATED TO THE TERM  ALTERNATION IN WAS PERFORMED	INAL DISEASE OR COND	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED	200
	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c. HOW INJURY OCCURR	YES NO X	YES	NO	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM, ETC )	21f LOCATION STREET	CITY OR FOW	N COUNTY	STA	.1E
		3-3 bit view the body after death.	81, or	nd that in (aur) apinion of appropriate ATTENDING	MEDICAL STAFF	22c. DA	that the west he couses state TE SIGNED $9-21-81$	) last
	22d PHYSICIANS NAME (TYPE OF HV GERALD	OSTER		22e ADDRESS	URT RD. ( 21	AIV []	2. 01	
	236 BURTAL, CREMATION, REMOVAL BURTAL			EMETERY OR CREMATORY NTEFIORE CEM	BALTIMOR	RE, MD. COUNTY	STAT	T E
	74 FUNERAL DIRECTOR SOL LE 6010 REISTERSTOW	VINSON & BROS N RD. BALTIMORE,	, MD.		EP 23 1981	REGISTRAR'S SIGN	in Thats	hen

DHMH - 16 50M 1/81 (VRA 15, 4)

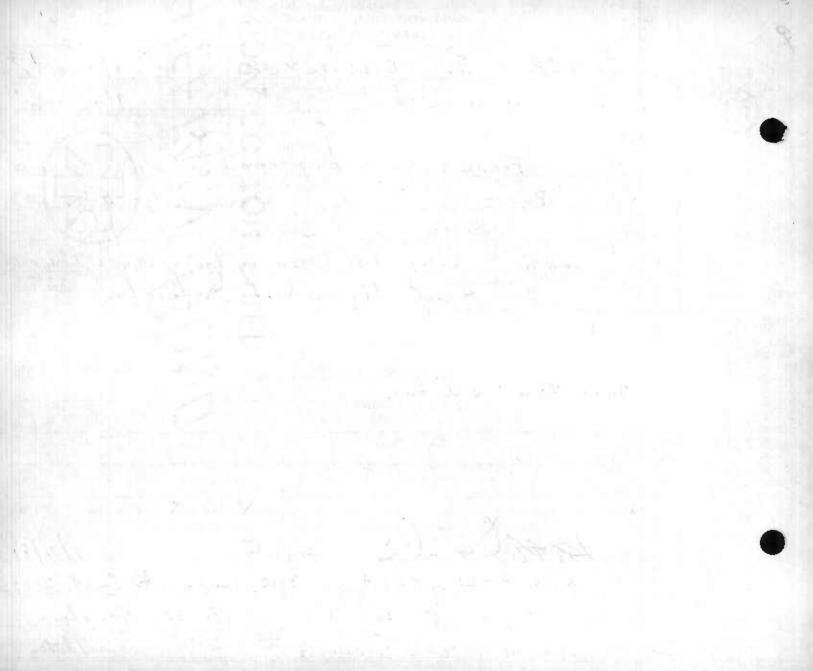
BP.

should be detached far use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, or

MPORTANT: If Hem 21 is marked ar Hem 18 shaws any

the subject of species of and the Colon cancer ( with the ) 3440 012 Chan commen with a dispose Land 3 days of color H. Heiner B. He, my

		STATE OF MARYLAND	C C 1
4	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1
3	1,.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	1. DE	DECEASED NAME FIRST MIDDLE LAST 22 DATE MADDLE MODIFIED	YEAR 25 HOUR
W - 1800	(TY		25
88888 88888			198 . M
200	3 SE	MONTH DAY YEAR LAST BIRTHOAY MONTHS DAYS HOURS AND PRONOUNCED	7.15
/ 编剂系	1	M Cargas and 10 31 22 58 YRS. DEAD 9/4	1981 P. M
882第2	7a. B	BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	FDEATH
発売の音楽	7	MId. U,S,A, WIDOWED DIVORCED DIVORCED DIVORCED	MD.
SHARES A	10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (17PE OF WORK 12b. 1	KIND OF BUSINESS
A PHER	1 1	A) ( 1+)	OR INDUSTRY Service
NO Z WO		UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	Jeroice
ANY DE ANY DE RETAIN STORT DE CORTO		STATE 136. COUNTY 136. CITY OR TOWN 136. HISIDE (ITY LIMITS? 136. STREET ADDRESS)	1
AND	/	Ma To YES NOW 6612 Kidge Ko	1,21237
S TOWNER	14.E	FATHER'S NAME  IS. MOTHER'S MAIDEN NAME  MIDDLE  MIDDLE  MIDDLE	LAST
AND AND	71	K. I. a. a. Bassala	
0 555 -6 -	) 16a. '	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	1 8	VES WWTL 217-14-4921 Bessie Billmeyer-6612	Kido B
\$ 48 F \$ 5			APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	ETWEEN ONSET AND DEATH
ESTON ST., IN 124 HOU IN 124 HOU I ALONG Y SIT PERMIT HYGIENE, I MOVAL		IMMEDIATE CAUSE (a) It Culti Myo Cartain Organism	
E 19-41-02		DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate (b)	
01 W. P. CED WITH CAMINE AL. TRAN M. OR RE		couse (o) stating the <u>under-</u> ) DUE TO, OR AS A CONSEQUENCE OF	
S SAP		lying couse last.	
NA CAR		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NGT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
E. THIS CERTIFICATE SHOULD BE EXECUTE. FE. WRITING THE WORD "PENDING" IN PRANTING THE CHIEF MEDICAL EXPACES 3 SHOULD BE USED AS A BURIAN STATE DEPARTMENT OF HEALTH AND ME, 21201 PRIOR TO BURIAL, CREMATION.	z		
RECO D BE MED MED AS A S A S A S A S A S A S A S A S A S	CERTIFICATION	proheten reman.	
3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	1 3	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	D. AUTOPSY?
OF VITAL  ATE SHOU  E WORD "  THE CHIEF  ILD BE USE  WENT OF H  TO BURIAL	E		YES NO
OEN BENEFIT	<b>9</b> 8	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
N SELECTION SELE			
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f, LOCATION	
DIVISION IS CER INCRED CE 3 SI	X		STATE
TAT VAN		AT WORK AT WORK	
L EXAMINER: THI E CERTIFICATE, W SULD BE FORMA L DIRECTOR: PAR H, WITH THE STAT MARYLAND, 213		27a. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion	n
MAN HE FOR THE PARTY OF THE PAR		death resulted from: Natural causes Accident D. Suicide . Homicide . Undetermined monner .	
ARY ARY		1 to 11 TITLE (SPECIFY)	1 .
DUED WITH	-10	ACTUAL DATE DATE	9/2/81
ZERAFA.	71	SIGNATUREM.DMEDICAL EXAMINER SIGNED_	1/1/01
A DE LA SE	for -	EXAMINER'S NAME K. S. AHLUWALIA ADDRESS 2112 Dundalk Av. By	01, 212-
TO MEDICAL ES EXECUTE THE CIPAGE A SHOUL TO FUNERAL D AFTER DEATH, V		ADDRESS ADDRESS	JV, 21222
<b>AUSTA9</b>	23a.f	BURIAL CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF SWIN	STATE
BP		Burial 1/8/81 Dak Law N CEM. 1301 to, Mary	1 land
DHMH - 17	24.1	FUNERAL DIRECTOR  ADDRESS  ADD	ATURE
(VR A15 ME (5) )	Z	CANDING FUN. HOME - 263 S. CONKLING ST SEP 8 1981 Painces Van	1 lather
15M 2/80			



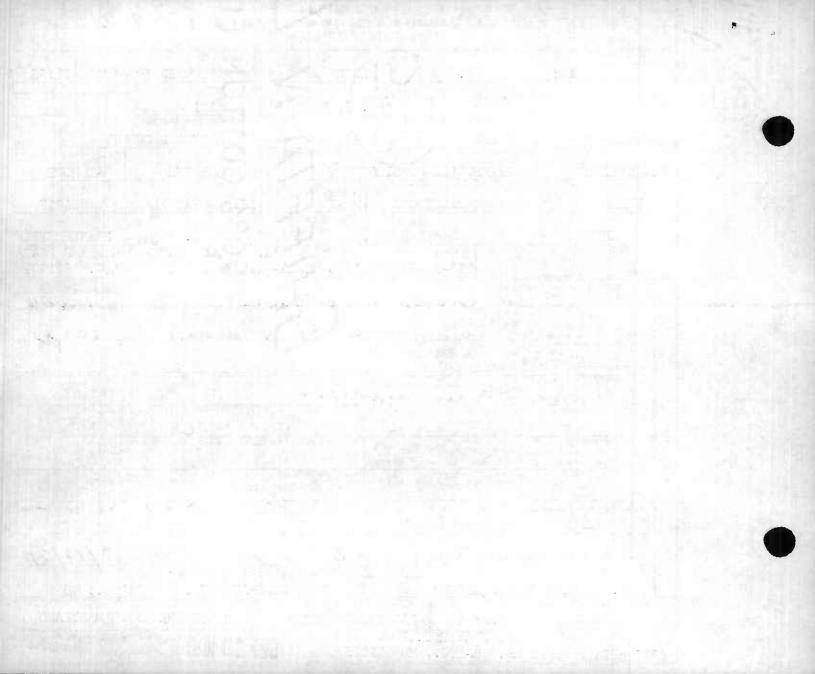
m r		STATE REGISTRAR CEASED NAME E OR PRINT)	FIRST	WIDDIE	CERTIF	AST OF DEATH	REG. NO 2a. DATE OF DEATH		ZEAR 2b. HOUR
page 3		F		JOHN	BIN		SIMPLUDVIBLER		8:30
84	3. SE		4. RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MI
direct (M	8	MALE IRTHPLACE (STATE OR FORE	FIGN. 75 CITIZEN	OF WHAT COUNTRY	AUGU	99	9 BALTIMORE CITY O	YRS P COUNTY OF DEA	TU
	100	ARYLAND	USA	or what courting	MARRIE	NEVER MARRIED	BALTIMORE	_	
		ITY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE MEDICAL CE	NG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF POLICE OFF	ON 12b. K	IND OF BUSINESS CONSTRY
Med in	13a.	AL RESIDENCE (IF NURSING			RE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2927 DILLO		00100
mplemely ord 2 %	14. FA	ATHER'S NAME FIRST RAMON	WIDDLE	BINICE	ζ.	15 MOTHER'S MAIDEN NA			DE BALD
on and c			U.S. ARMED FORCES IF YES, GIVE WAR OR DATES WWII			17. INFORMANT  CLINICAL REC	ORDS, VAMC,		ARD, MD
poper novol.		18 CAUSE OF DEATH	CALICED DV	per line far (o), (b), o					PPROXIMATE INTERVAL WEEN ONSET AND DEATH
n signed by the Then pleose re r to burial, crem injury, ar ather	NOI	cause (o), stoting underlying couse  PART 2. OTHER SIGNIFI	lost (c)	, or as a consequ		NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PA	ART 110
hos beer permit. In prior prior was ony i	CERTIFICATION	190 DATE OF OPERATIO	N 19b COI	ndition for which	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO X	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED AUSES OF DEATH?
u		21g. ACCIDENT WAS UNDERL		F OF WILLIAM					
ng physicial certificate h rial-tronsit entol Hygie Item 18 show		OR CONTRIBUTING CAUS	SE OF DEATH HOUR	A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	NRT 2)
nding phys nis certifica burial-tror I Mentol Hy ar Item 18	MEDICAL C	(IF EITHER, NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	SE OF DEATH HOUR EXAMINER)  21e. PLAC (AT HOME	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY OFFICE.	19 FARM ETC)	21f LOCATION STREET	RED (ENTER NATURE OF INJUR		
ending phys this certifica he burial-tror nd Mentol Hy		(IF EITHER, NOTIFY MEDICAL I 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	SE OF DEATH HOUR EXAMINER)  21e. PLAC (AT HOME	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY OFFICE.	19 FARM ETC)	21f LOCATION STREET	CITY OR TOV	VN COUN	STATE  , that (I) (**) lo
the hospital or attending phys ALDRECTOR, After this certifical etached for use as the burial-tron te Dept. at Health and Mental Hy T: If hem 21 is morked at Item 18		(IF EITHER, NOTIFY MEDICAL IT 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (th saw the demosed a obove, (1) (Me) (did) 22b. SIGN	SE OF DEATH EXAMINER)  21e. PLAC (AT HOME  WAY (AT HOME  (AT HOME	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY OFFICE.	FARM ETC)  DECEM	21f LOCATION STREET	CITY OR TOV	ER 17 19 81 te and haur and fro	, that (I) (X) lo m the causes stated DATE SIGNED PTEMBER 17
hospital or attending phys RECTOR. After this certifica hed for use as the burial-tran ept. af Health and Mental Hy tem 21 is morked or Item 18		IF EITHER, NOTIFY MEDICAL IT  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK  22a. I certify tho (1) (th) saw the demosed obove, (b) (we) (did)	SE OF DEATH EXAMINER)  21e. PLAC (AT HOME  (AT HOME  (IVE OR PRINT)	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY OFFICE.	FARM ETC)  DECEM	21f. LOCATION STREET  21f. LOCATION STREET  21g. 80 d that in (my) (od) opinion DEGREE  ATTENDING PHYSICIAN [	to SEPTEMB death accurred an the do	ER 17 19 81 te and haur and fro	that (I) ( <b>X</b> ) lo m the causes stated DATE SIGNED PTEMBER 17
returning by the hospital or attending phys TO FUNERAL DIRECTOR. After this certifical should in detached for use as the burial-tron the State Dept. of Health and Mental Hy IMPORTANT: If Hem 21 is marked at Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL II 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK  270. I certify that (I) (th sqw the devosed obove, (I) (we) (did) 27b. SIGNITURE  27d. PHYSICIAN'S NAME	E (TYPE OR PRINT)  SE OF DEATH (AT HOME  AT HOME  CONTROL OF THE PRINT)  ROS, M.D.	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY OFFICE.  The deceosed from MBER 1 19 19 19 19 19 19 19 19 19 19 19 19 1	FARM ETC)  PCHM OT . on	ZIF. LOCATION STREET  BER 31 , 19 80 d that in (my) (out) opinion DEGREE ATTENDING PHYSICIAN [ 22e. ADDRESS  V.A. MEDICA  EMETERY OF CREMATORY,	to SEPTEMB deoth accurred an the do	ER 17 19 81 te and haur and fro	that (I) ( <b>X</b> ) lo m the causes stated DATE SIGNED PTEMBER 17
by the hospital or attending physical DIRECTOR. After this certifical detached for use as the burial-tronition Dept. of Health and Mental Hyart. If them 21 is marked or them 18	WEDICAL	IF EITHER, NOTIFY MEDICALI  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (1) (1)  saw the demosed obove, (1) (we) (did)  22b. SIGN. THE  22d. PHYSICIAINS NAME  LUIS CISNER	SE OF DEATH EXAMINER)  21e. PLAC (AT HOME  DIXESPITE) (AC HOME  EXAMINER)  21e. PLAC (AT HOME  DIXESPITE) (AC HOME  EXAMINER)  21e. PLAC (AT HOME  DIXESPITE) (AC HOME  CAN DO DIXESPITE)  ROS M.D.  MOVAL  23b. DATE  C-2/	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY OFFICE.  The deceosed from MBER 1 19 19 19 19 19 19 19 19 19 19 19 19 1	PARM ETC)  PECEM  ON AME OF C	21f LOCATION STREET  BER 31 19 80 d that in (my) (out) opinion DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  V.A. MEDICA  EMETERY OR CREMATORY, WIS LIGHTS  LIGHT STREET  ATTENDING PHYSICIAN [ 22e ADDRESS	to SHPTHMB  death accurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	ER 17 19 81 the and haur and fro FIANK  PRT HOWAR  COUNTY	that (I) (X) Ic must the causes stated DATE SIGNED PTEMBER 17 1981

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0.000	1	FOR	DEPARTMENT OF HEALTH AND MENTA	IL HYGIENS 2 2 3 3 3
	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE	E OF DEATH REG. NO.
		CEASED NAME FIRST	MIDDLE LAST	20. DATE KNOWN MONTH DAY YEAR 26 HC
	,,,,,	WILLI	AM HENRY BLIMLII	YE DEATH MATED & 9 4 19 81 6.
I	I SE	4. RACE	MONTH DAY WELD	DER 24 HRS. 2c. DATE MONTH, DAY YEAR 26 HC
	1	4 W	1-17-1919 62 YRS.	PRONOUNCED 9 4 1981 P
ł	B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	ARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
4	1114	KALHND	UNITED STATES WIDOWED DIVO	DRCED   BALTIMORE COUNTY
J		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
1		SEX, MD.	904 MACE AVENUE	LABORER WESTINGHOL
1	13a S	TATE 136. COUNT		
4		RYLAND BALTI		FI 19 1 1:10 CC WILL
		THER'S NAME FIRST	MIGDLE LAST 15. MOTHER'S MA	MIDDLE
q		ILLIAM H. B	LILLIAN LICES? 166 SOCIAL SECURITY NO. 17 INFORMANT	
	(Y	(AS DECEASED EVER IN U.S. ARA S, NO. OR UNKNOWN) (IF YES, GIVE Y	AR OR DATES)	ADDRESS 21224
Į			W.TI 213-05-5555 WM.H.	BOSTON 4624 O'DONNELL S
		PART   DEATH (Enter onl	ane cause per line for (a), (b), and (g).) BY:	APPROXIMATE INTERVA
-		11 A A IMMEDIAT	( DUE TO, OR AS A CONSEQUENCE OF	water organden
		Conditions, if any, which	DOE TO, OK AS A CONSEQUENCE OF	atheroscleron
		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	and exosoler par
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۱	2	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	CIT ON TOWN COUNTY STA
I			af the remains described above, held on Autapsy , Inspe	ction , Inquiry , ond in my apinion
1			I causes Accelent , Suicide , Hamicide	Undetermined manner .
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THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O PROVING FORM AND INC. IN A STREET AND A STREET OF THE PARTY OF THE PAR LAND GRADE STREET LET AND 1811 SIP SEP 14 1381 The Jan Jan Mary Miller



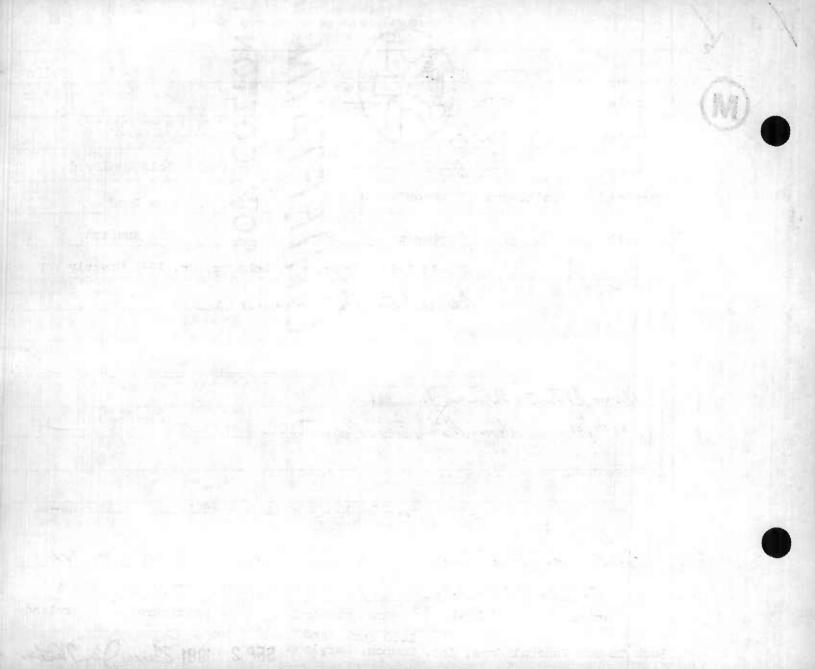
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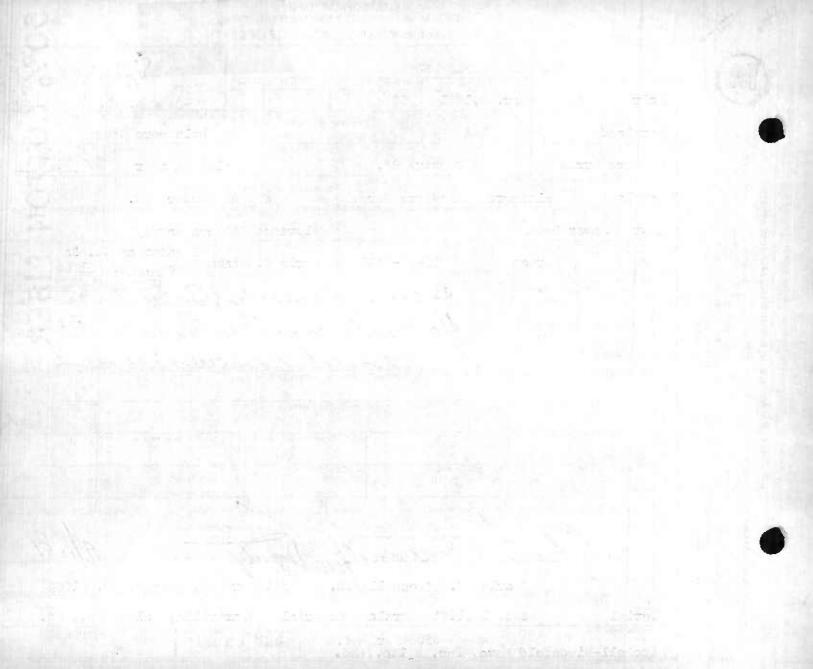
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

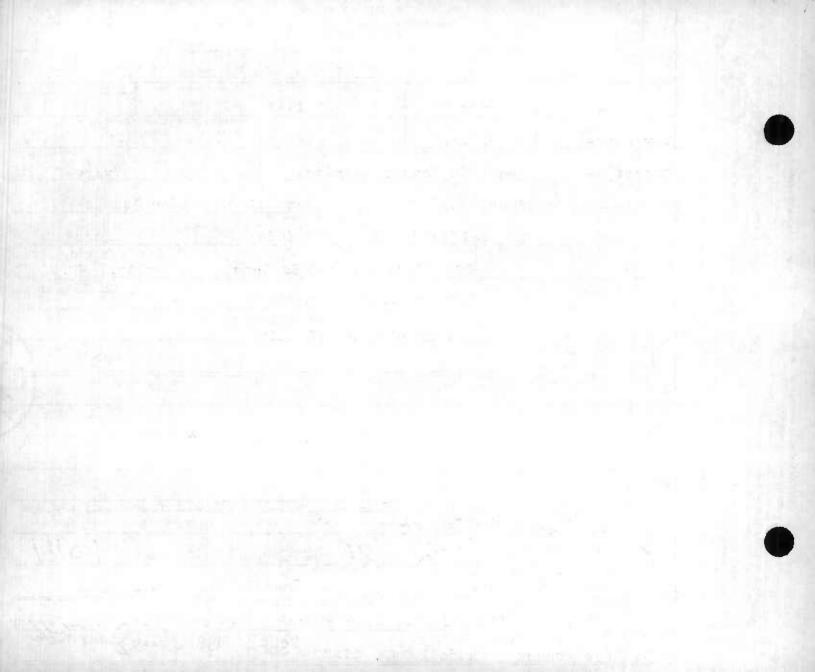


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED FRANCIS XAVIER BOHN 4 RACE 6. AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCE Mar. 8,1931 Male White 50 2, AND 3 TO THE FUNEFALL 3. RETAIN PAGE 5 FOR YO 2 SHOULD BE FILED, WITHIN AL RECORDS, 201 W/ PRESTO 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE GITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR Maryland MARRIED NEVER MARRIED USA Baltimore County WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 40 Dunkirk Rd. FOR MOST OF WORKING LIFE)
Sales Manager Rodgers Forge USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 40 Murdock Rd. Rodgers Forge NO K AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PIL LAST LAST Andrew James Bohn Florence Rebecca Garvey 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 2 Waterway Ct. 3A (YES, NO, OR DNKNOWN) (IF YES, GIVE WAR OR DATES) 215-28-6447 Yes Doris G. Stamm Korean Towson Md. 21204 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (94 (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE O lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES [] 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, EYC. I STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted from Notural causes Undetermined manner EXAMINER'S NAME Charles F. O'Donnell.M. Depress 7501 York Rd. Towson, Md. 21204 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY Parkville, Balto. Co., Md. Burial Sept. 15.1981 Moreland Memorial BP 24 FUNERAL DIRECTOR 6500 York Rd. DHMH-17 (VR A15 ME (5)) Mitchell-Wiedefeld Home, Inc. B lto., Md. 15M 2/80



	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAN LEALTH AND ME ICATE OF DE	NTAL HYGI	ENE 8	2	2 5	8 7
		CEASED NAME FIRST	MIDDLE	ι	AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR a
		Harry	M.	BOLI	TSKI, J	r.	September	3, 198	31	1:45 "
	3. SE	X	4 RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
, N		Male	White	6	7	1961	20	YRS.		
7		IRTHPLACE (STATE OR FOREIGN COUNTRY)  W Jersey	U.S.A.	MARRIEI WIDOWE	D NEVER MA	RRIED C	9. BALTIMORE CITY O Baltimor			MD
71	10. C	SSVILLE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Franklin S	oursing home of estreet address)  Square E	OR OTHER INSTIT	UTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Brazier	F WORKING LIFE)	INDUSTRY	-Therm
35	130 S Ma			RTOWN		10 10	13e. STREET ADDRESS 1807 Snyc	der Av	enue	
20	14. FA	ATHER'S NAME FIRST	MIDDLE LA	ST	15. MOTHER'S A	ST	MIDDLE		LAST	-
16			M. Bolits		1	ricia			Kers	
/		NAS DECEASED EVER IN U.S. AR yes, no or unknown) {	E WAR OR DATES)	1 SECURITY NO. 90-0402	Patrie		ong	Balto	)., Mi	er Ave. D.21222
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9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJU	IRY OCCURRE	YES NO		1 OR PART 2)	NO []
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		220 I certify that A (this hasp sow the deceosed alive obove, M (we) (did) (No. 1)	sentember 3 seventher bady after death	19/81, ar	nd that in 1961/10	19_81 ur) opinion d	eath occurred an the do		nd from the	
		27b. SIGNATURE	14. St	KI	PH	ENDING YSICIAN	MEDICAL STAI		220 PA E	3/8/
1		Ronald Bl			22e ADDRESS 9000	Frank	lin Square	Drive	21237	t .
		BURIAL, CREMATION, REMOVAL (SPECIFY)  BUrial  UNERAL DIRECTOR Duda	23b. DATE 9/5/1981 -Ruck, Incap	St. Jo	emetery or cr		23d LOCATION CITY OR TOWN TURNERS V REC'D. BY REGISTRAN	28 REGISTIN		A Jerse
		922 Wise Aven	ue Dundai	UK, MD.	21222	SEP	4 1981 3	paness	June	over the second

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FOR - STATE REGISTRAR

DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 Z	2 2 5	8 9
MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2	b HOUR
Ε.	BOWEN	September 14.	1981	9:25 PM
	5. DATE OF BIRTH	6 AGE   IN YEARS LAST BIRTHDAY)		FUNDER 24 HRS
TE	MAY 28, 1896	85 YRS		Ann.
WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
. A.	WIDOWED DIVORCED	Baltimore Cou	ntv	MD.
HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)  SQUARS HOSP	12a USUAL OCCUPATION  1 TYPE OF WORK FOR MOST OF WORKING  BALTO-TRAD.	126. KIND OF E	
	BEFORE ADMISSION)		COLOLIN	ATOR
PARK	WILLS YES NO P	13e. STREET ADDRESS	Xon A	٧٤.
3 ous	MARTH	MIDDLE	Fowle	R
166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS		
1215 c	193625 FAMI	LY KECORD	5	
line for (a), (b	b), and (c).)		APPROXIMA BETWEEN ONS	TE INTERVAL
Cardio	pulmonary Arrest			
	rovascular Accident			
R AS A CONS	SEQUENCE OF		9 68	
DAITDIDLITIALC	TO DEATH BUT NOT BELLIED TO THE YEAR			

GALTO.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

I. DECEASED NAME TYPE OR PRINTS Bunting 3 SEX 4. RACE BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF 10 CITY OR TOWN OF DEATH NAME OF (IF NOT IN SU USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 130. STATE 136 COUNTY ALTO. 4 FATHER'S NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! W. W. T 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10)\_\_\_ DUE TO. O Canditians, if (b)\_\_ gave rise to immediate cause (a), stating the DUE TO, O underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS C NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/15 CERTIFICATION Cardiovascular Disease: Interstit 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20b. IF YES, WE'RE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 20a AUTOP YES | 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION LAT HOME, STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 81 220.1 certify that (this haspital) attended the deceased from that M (we) last saw the deceased alive an 9-14 abave. W (we) (did) (and have view the body after death and that in 🔌 (aur) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9-14-81 22d, PHYSICIAN'S NAME ITYPE OF PRINTS 22e. ADDRESS Marshall Millman M.D. 9000 Franklin Square Drive 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY

BP DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR:

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24 FUNERAL DIRECTOR

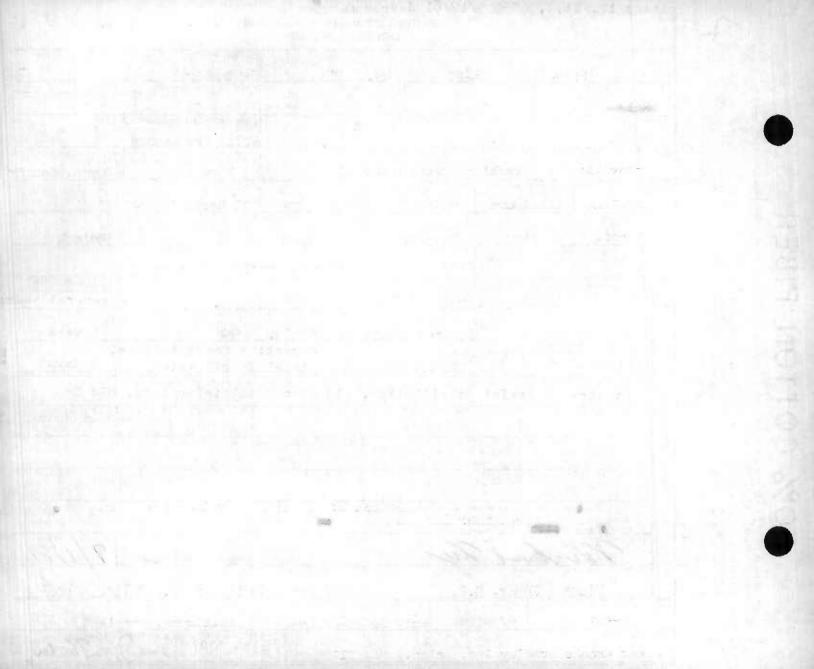
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	2 3 9 2
	CEASED NAME FIRST E OR PRINT) JO	OHN ALBERT BRANDA	LAST LU	September 30,	1981 2b. HOUR 7:00 p
3. SE	M	4 RACE W	5. DATE OF BIRTH  MONTH Oct. 23, 1893	6 AGE (IN YEARS EAST BIRTHDAY) 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7 .	IRTHPLACE (STATE OR FOREIGN COUNTRY) altimore, Md.	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Co.	
) Ва	altimore	(IF NOT IN SUCH FACILITY, GIVE STREET A 7007 Yor	k Road	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Founder Owner	12b. KIND OF BUSINESS OF INDUSTRY Haberdashery
	STATE 136. COL	or other institution, give residence before IRC IV OR TOW Baltimor	e YES NO X	13e STREET ADDRESS 7007 York Road	1
14 FA	ATHER'S NAME FIRST  John P.	Brandau, Jr.	15. MOTHER'S MAIDEN NA FRIST Isabel	Carroll Egertor	LAST
	WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 215 34 7		ert Brandau 7007	7 York Road
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ERIOSILE ROS ENCE OF		
7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
TIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	IVEN IN PART 1(b)  ES, WERE FINDINGS USED  TIFYING CAUSES OF DEATH?  YES  NO
MEDICAL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTWHILE	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21f. LOCATION	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
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BP\_\_\_\_\_ DHMH: 16 30M 2/80 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physicion.

MITCHELL-WIEDEFELD HOME, INC.

, INC. 6500 York Rd.

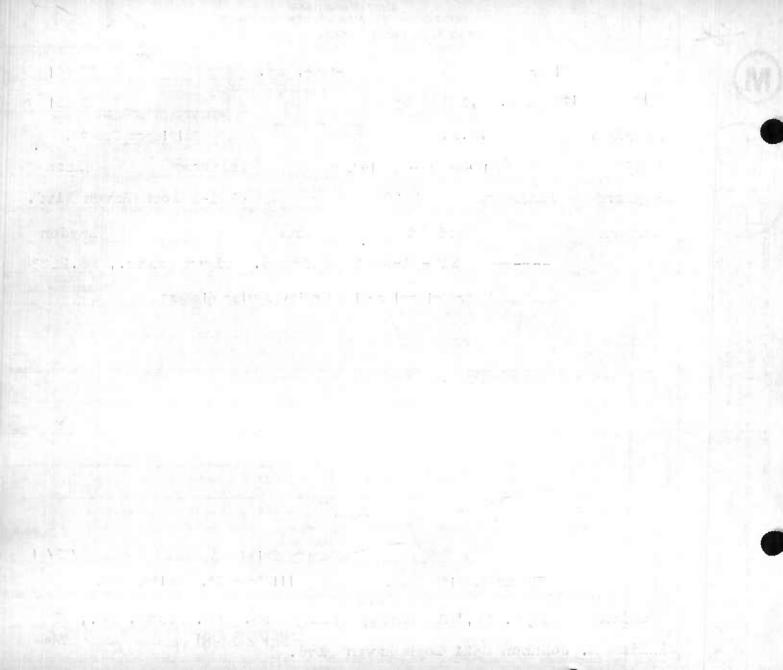
ark Baltimore, Md.

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Male White Apr. 1,1910 65 vss. Apr. 1,910 923 vss.		CEV										DEATH		0 9	23		
NAT   PART   P	3				Apr. 1,	1916	LAST BIRTHD	MONT			MIN: IF	RONOUN	ICED				4:53
10 CONTO OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   170 CONTO OF DEATH   17. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION   170 CONTO OF ORDER ON OR OTHER INSTITUTION   170 CONTO OF OR OTHER ORDER ON OR OTHER INSTITUTION   170 CONTO OF OR OTHER ORDER ON OR OTHER OTHER ORDER OF OTHER OTHER ORDER ON OTHER OTHER OTHER ORDER OF OTHER O	5	7a Bl	RTHPLACE (STA REIGN COUNTRY) Larylar	nd			ITRY?		_		IED I			_			W
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death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  TOTAL  THOMAS D. Smith, M.D.  ADDRESS  TOMAS D. Smith, M.D.  ADDRESS  Thomas D. Smith, M.D.  ADDRESS  Thomas D. Smith, M.D.  ADDRESS  Thomas D. Smith, M.D.  ADDRESS  To Quity Chief Medical Examiner  DATE SIGNED  9/23/81  Penn St. Baito., MD.  11 Penn St. Baito., MD.  1236. LOCATION CITYOR TOWN CHITOR TOWN CHIPTOR TOWN CHIPTOR TOWN COUNTY STATE DUTIAL  PAGE 150 PT REGISTRAY: SIGNAME  124 FUNERAL DIRECTOR NAME  ADDRESS  THOMAS D. Smith, M.D.  125 PENERAL DIRECTOR NAME  ADDRESS  126 PT REGISTRAY: SIGNAME  ADDRESS  ACCIDENT  THOMAS D. Smith, M.D.  126 PT REGISTRAY: SIGNAME  ADDRESS  127 PT REGISTRAY: SIGNAME  ADDRESS	51	30.51	ATE _	13b. COUN	TY	13c. CITY	OR ICWN 21204	DN)			13.85 IRE	ELADDRE	ss Lock	n Ra	ven	Blv	d.
death resulted from 7 Notural causes Accident Suicide , Homicide Undetermined manner ,  TITLE (SPECIFY)  Deputy Chief Medical examiner SIGNED 9/23/81  EXAMINER'S NAME Thomas D.Smith, M.D. ADDRESS II Penn St. Baito., MD.  230. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY OF CREMATORY CITYOR TOWN COUNTY STATE DUTIAL Sept. 26, 81 Dulaney Valley Mem. Gar. Balto. CO. ND  24. FUNERAL DIRECTOR SPECIFY OF CREMATORY COUNTY STATE DATE OF CREMATORY COUNTY C			FIRST		WIDDLE	Brig			F	IRST	N NAME	м	IDDLE				1
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSE OB 9:   Conditions, if ony, which gove rise to immediate couse (a) stating the under lying cause fost:   Conditions, if ony, which gove rise to immediate couse (a) stating the under lying cause fost:   Conditions of the under lying cause fost:   Ci.     PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).   PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTE OR PART 2)	1	6a. W	AS DECEASED	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOC	IAL SECURIT		17. INFORA	MANT	. Br	ight					
death resulted from: Natural Causes Accident Suicide , Homicide Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE DATE SIGNED 9/23/81  EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS II Penn St. Baito., MD.  230.BURIAL CREMATION, REMOVAL 23b. DATE SPECIFY BULL		NC	Conditions gave rise cause (a) s lying cause	ITH WAS CAUSE!    MMEDIA'   if any, which to immediate toting the under-	DBY:  TE CAUSE (a)  A  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A COM	oscier NSEQUENCE (	OF OF				dise	ase		BETW	EEN ONSET	AND DEATH
UNDERLYING OR OCONTRIBUTING CAUSE OF DEATH  P.M. 19  21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220. I certily that took charge at the remains described above led an Autopsy Inspection Inspection Inquiry and in my apinian death resulted from 7 Natural causes Accident Suicide Interest (ITY OR TOWN COUNTY STATE SIGNED 9/23/81  ACTUAL SKINATURE Thomas D. Smith, M.D.  EXAMINER'S NAME Thomas D. Smith, M.D.  230. BURIAL, CREMATION, REMOVAL 23b. DATE 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION CITY OR TOWN COUNTY STATE DUTI ALL COUNTY STATE DUTI AND COUNTY	1	IFICATION	19a. DATE OF C	PERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	'AS PERFOR	MED?							
AT WORK AT WORK  270. I certily thay I took charge all the remains described above feld anAutopsy			UNDERLYING CONTRIBUTING	OR G CAUSE OF I	HOUR A.M	A. MONTH	19			OCCURRE	D (ENTER N	ATURE OF INJ	URY IN ITEM 18	3 PART 1 OR P		L3 AL	140
death resulted from: 7 Natural causes Accident Suicide Homicide Undetermined manner Date Signed 9/23/81  TITLE (SPECIFY)  ACTUAL SIGNED 9/23/81  EXAMINER'S NAME  Thomas D. Smith, M.D.  ADDRESS III Penn St. Baito., MD.  ADDRESS III Penn St. Baito., MD.  230, BURIAL, CREMATION, REMOVAL 23b. DATE Signed Page County State  Burial Sept. 26, 81 Dulaney Valley Mem. Gar. Balto Co. MD  24 FUNERAL DIRECTOR  NAME  ADDRESS ADDRESS ACCIDENT SIGNED BY REGISTRAR SIGNED BY		MED	WHILE -	NOT WHILE						111		CITY OR TO	VN	C	OUNTY		STATE
236. Burial Cremation, Removal 23b. Date 23c. Name of Cemetery or Crematory 23d. LOCATION COUNTY STATE Burial Sept. 26, 81 Dulaney Valley Mem. Gar. Balto CO. ND.  24 FUNERAL DIRECTOR PROPERTY OF COUNTY STATE BURIAL DIRECTOR PROPERTY STATE BURIAL DIREC			death resulted  ACTUAL SIGNATURE	AME T	ol causes D.	mis	Sui	cide	, Homic	pecify)	Undete	CAL EXAM	nner .	DATE SIGN	ED_9	/23/8	31
Burial Sept. 26, 81 Dulaney Valley Mem. Gar. Balto. Co. ND  24 FUNERAL DIRECTOR  NAME  ADDRESS  ADDRESS  ADDRESS	7	730.BU	IRIAL, CREMATI	7-				AETERY C					Darre			ST	ATE
			Burial INERAL DIRECT	OR	ADDRESS					250 CED	m. G	ar.	R 2/b. REG	O C	10.	MD	



STATE OF MARYLAND										
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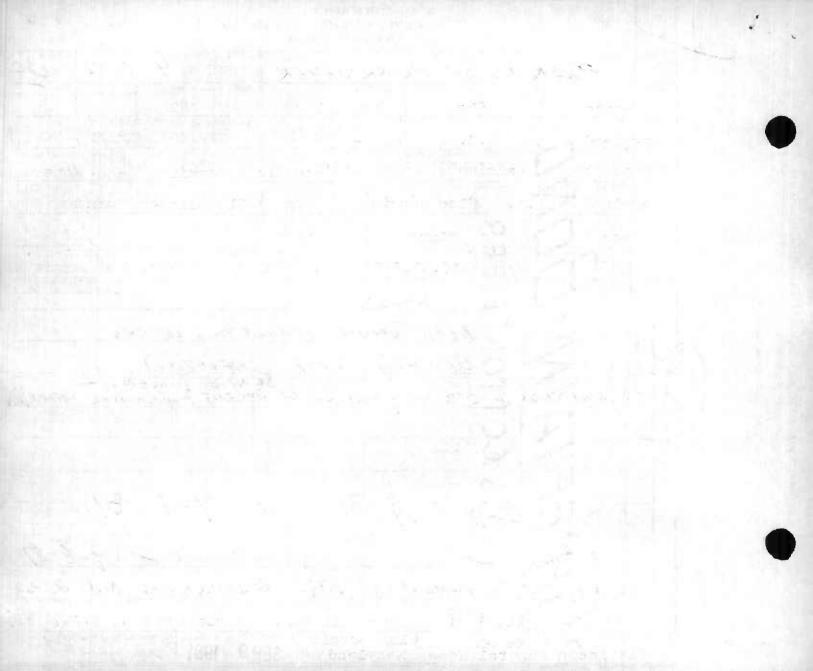
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	Female		White		Dec	40 4000	91	YRS.	ONTHS DAYS	HOURS MIN.
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	limois		U.S.A.		WIDOW		Baltimo	re Cou	intv.	MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON	12b KIND C	F BUSINESS OR
	Catonsvill		Fores	t Haven	Nursir	ng Home	Postal Wor			1 Servic
USU 130.	AL RESIDENCE (IF NURS	1136 COUN	OTHER INSTITUTION	134. CITY OR TO	ORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	-		
Ma	ryland	Balt	imore	Towson		YES NO K	200 Towso	n Town	a Court	Apt. %0
14. F/	ATHER'S NAME		WIDDLE	TAST		15. MOTHER'S MAIDEN N.			145	
1	Marion			Penningt	ton	Florence	Middle	ŀ	Haught	
	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRES			
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	1/2/0									
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00	Conditions, if ony,		(p)_						-	
	cause (a), statin underlying cause	ng the	DUE TO, O	R AS A CONSEC	DUENCE OF					
		200	(c)_						1	
7	PART 2 OTHER SIGN	VIFICANT	ONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVE	N IN PART 110	9,
MEDICAL CERTIFICATION	ASE	01	2							
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YTF.		10.					YES NO	YES		NO 🗆
8	21a. ACCIDENT WAS UND		21b. TIME C	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IN ITEM 18 PA	RT I OR PART 2)	
AL	OR CONTRIBUTING C		1111	M.	19					
EDIC	21d INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION				
×	WHILE NOT WH	INE	(AT HOME ST	REET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TOY	ļN	COUNTY	STATE
	27n.1 certify that (I)		tol) attended to	w document troop	9	1/1 10 8/	1 9/	1	(X)	1
	saw the decease	ed alive on	7	// 19		nd that many (our) opinion	death accurred on the do	te and hour	and from the	course stated
	above (I) [ye] (c	fid) did po	When the body	after death		DEGREE			224-DATE	
	4	-	2 /	////			MEDICAL STAF		1/-	10.
	22d BAYSIC AN SAN		20	010	416		DIRECTOR PHYSICI	AN []	1//-	8/8/
				-	1013	22e ADDRESS			- (	
	Harold Bo	b, M.	D.				eights Avenue	2		
	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
В	urial		9-5-81	F		11 Cem.	Akron,		Ohi	.0
24 F	UNERAL DIRECTOR	1 T T T		ADDRESS	1050 Y	ork Road 250. DA	TE REC'D. BY REGISTRAR Z	56. REGISTR	AR'S SIGNAT	URE
R		Fune	ral Hom	e, Inc.	Towson	, Md.21204	SEP 4 1981	Open	cas Va	MaThen.

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is

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	1.	FOR STATE	DEPAR	STATE OF MARYLAND  THENT OF HEALTH AND MENTAL I	HYGIENE 8 1	2 2 5	91
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	-	ale	White	11 27 1896		YRS.	
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400		aryland	USA	WIDOWED DIVORCED		RE COUNTY	٨
10	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a. USUAL OCCUPATION		OF BUSINESS C
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221	13a S	STATE 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEF		? 13e STREET ADDRESS		
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Ē-7 \	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN		IAS .	
怎50		Carl	Brohmey	yer Louise			oish
dico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE		ADDRESS		
med /			I I 213-07-	-2334 Clara S.	Kinnear 22	219 Ellen	Aveni
the the		18 CAUSE OF DEATH (Enter of	inly one cause per fine for (a), (b),	and (c)			IMATE INTERVAL ONSET AND DEA
or of		underlying couse last	(c)				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDI	TION GIVEN IN PART I	D
and	TIFICATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TI	200 AUTOPSY?	TION GIVEN IN PART 1)  20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES  YES	NGS USED
Ifem 18 shows any injur	ICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   OR CONTRIBUTI	218. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	20a AUTOPSY?	20b. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
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te detached for use as the buriol-transit permit. The State Dept. of Health and Mental Hygiene prior to IANT. If them 21 is marked or Item 18 shows any injury	WEDICAL MEDICAL	19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OF ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e.1 certify thotal (this hosp saw the deceased alive obove XI) (we) (did) (did)  22b. SIGNATURE  22d PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE DITO) oftended the deceased from 9-29 oil view the body after death.  ALORPRINT)  AINO, M.D. L 23b. DATE	DAY YEAR  19  21t HOW INJURY OCC  19  21t LOCATION STREET  9-15  9-15  19-81  Ond that in (My) (our) opin  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  7620-YC	200 AUTOPSY?  YES NOW  CITY OR TOWN  TO 9-29  TO MEDICAL STAFF  MEDICAL PHYSICIA  ORK ROAD TOWSO  RY 23d LOCATION	20b. IF YES, WERE FINDING CAUSES YES  IN ITEM 18. PART 1 OR PART 2)  COUNTY  19 81  cond hour ond from the 22c. DATE  N MD. 21204	tha (I)

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1101 E.

North Ave.

March F/H

(VRA 15, 4) 7/78

STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

YEAR

DAYS

Gross

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

21061

STATE

MD

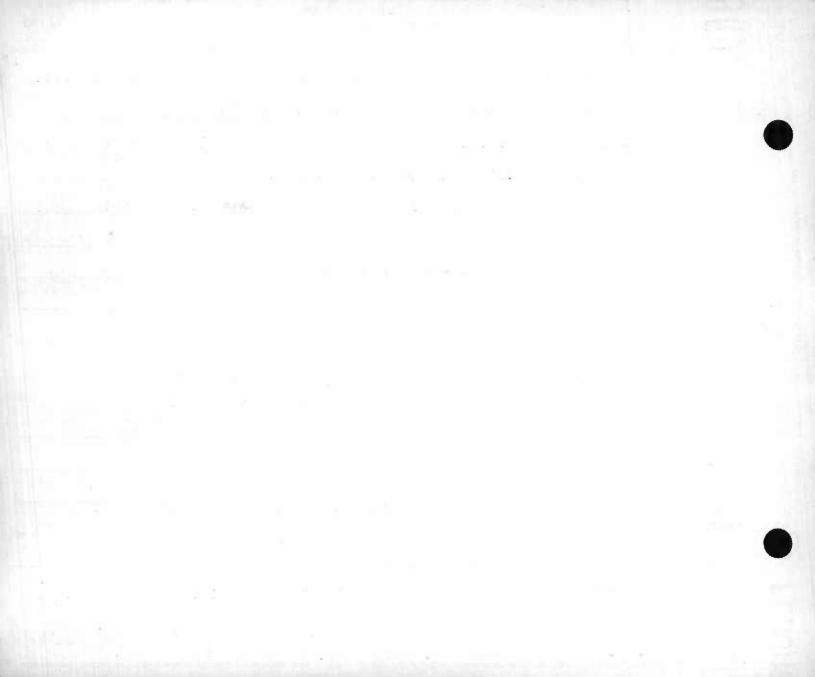
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STATE

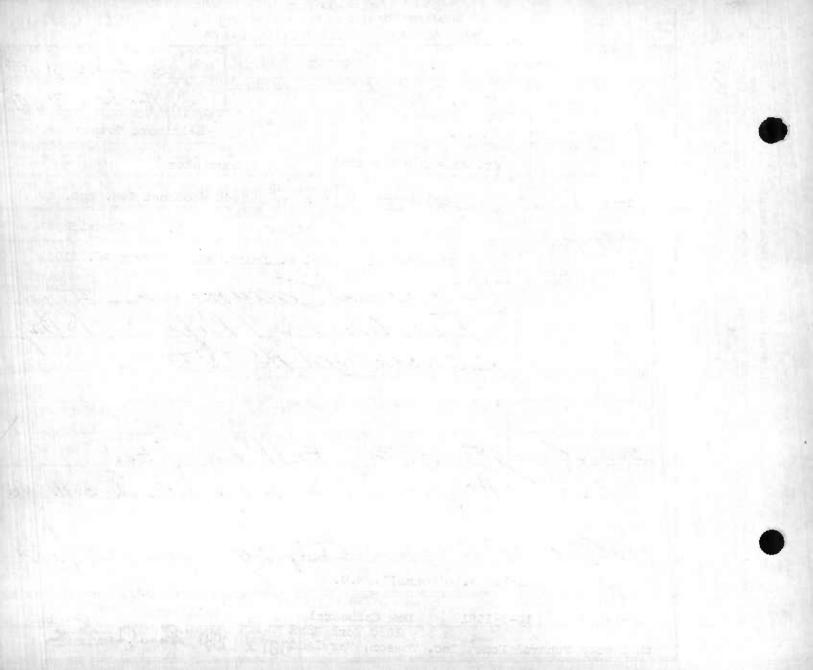
2b. HOUR

IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN TYPE OR PRINTS E FOUNERAL DIRECTOR.
E & FOR YOUR FILES.
ED, WITHIN 72, HOURS BRUST A. CATHERINE DEATH 1.5EX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS CAST BIRTHERAYS White April 29, 1894 87,85 Female 76 CITIZEN OF WHAT COUNTRY? 74 BIRTHPLACE 13747F OF MARRIED NEVER MARRIED FOREIGN CODINTERS Baltimore County U.S.A. Illinois WIDOWED \* DIVORCED 2, AND 3 TO THE FU 13. RETAIN PAGE 5-2 SHOULD BE FILED, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION. 18. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (1799 OF WORK 12h, KIND OF BUSINESS St. Joseph's Hospital Homemaker OR INDUSTRY Towson MSUAL RESIDENCE IN HAMILING FOWE OF CITHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSIONS NW COUNTY IL CITY OF TOWN 134. INSIDE CITY LIMITS? 5640 Woodmont Ave. Apt. a Baltimore Maryland VITAL 18. GIVE PAGES 1, 2, 3 WITH FORM PM 3. WIT. PAGES 1 AND 2. E, DIVISION OF VITA. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ellen Shadrick Kane Thomas No. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS. 18h SOCIAL SECURITY NO. (195, NO; OR UNIONIDWINE I IF YES, ONE WAR OR DATES! Carl E. Brust, Jr. 9 Leymar Rd. 21061 212-74-8091 18. CAUSE OF DEATH (Enter only one couse page ALONG W partor (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST CHIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CHEMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY JAMEDIATE CAUSE Conditions it any, which gave rise to immediate course (a) stating the under lying couse last. PART 2 OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DESTAND DE CONDITION GIVEN IN PART CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIM ORE, MATTRY AND, 21201 PRIOR TO BURIAL, YES [] 21s EXTERNAL CAUSE WAS THE TIME OF INJURY CENTER MATURE OF INJURY IN ITEM 18 PART I OR PART TO UNDERLYING DOE CONTRIBUTING CAUSE OF DEATH II. LOCATIO AT WORK 22s. I certify that I took charge of the Inspection Undetermined manner EXAMINER'S NAME Charles F. O'Donnell, M.D. (TYPE OR PRINT) 23st BURIAL CREMATION REMOVAL 73h DATE 13c. NAME OF CEMETERY OR CREMATORY. 23d LOCATION coulets STATE "Baltimore New Cathedral 10-3-1981 Maryland Burial 1050 York Roads Date REC'D BY REGISTAR WEGISTER 24 FUNERAL DIRECTOR **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Maryland (VR A15 ME (5) 15M 2/80



CANCED

FOR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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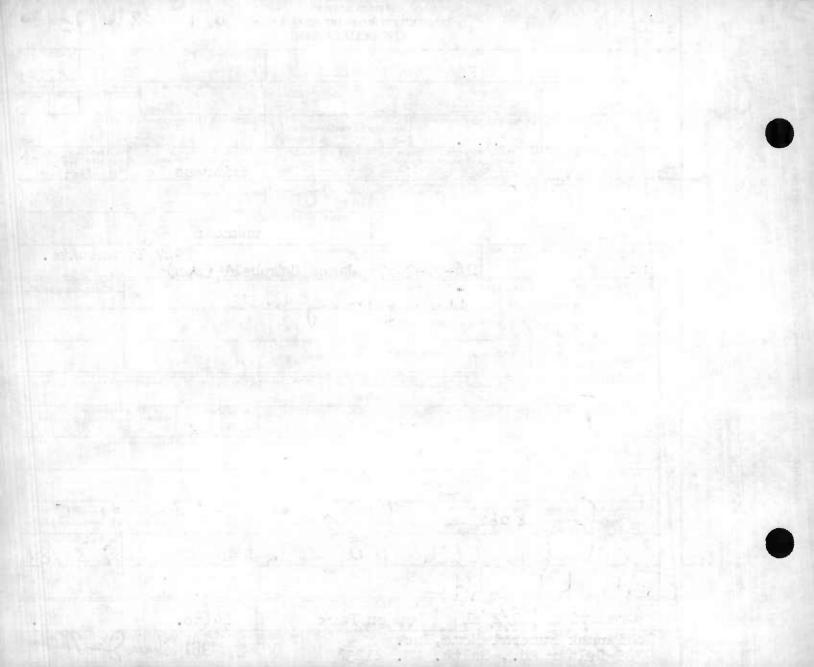
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			REGISTRAR		REG. N	
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softer softer filed wi	10	C	tons ville	Bland Bryant Nursing Cent		pr working life) LINDUSTRY
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00 4 97			22a.1 certify that (1) (this hosp	ital) attended the deceased from	18 , to 9 -	La 19 0 , that (If (we) lost
R ATTEN hospitol IRECTOR:	21 is		saw the deceased alive an	or) view the body ofter death.	pinion death occurred on the c	ate and hour and fram the causes stated
0x - 2x 9	tem.	13	22b. SIGNATURE	DEGREE		22c. DATE SIGNED
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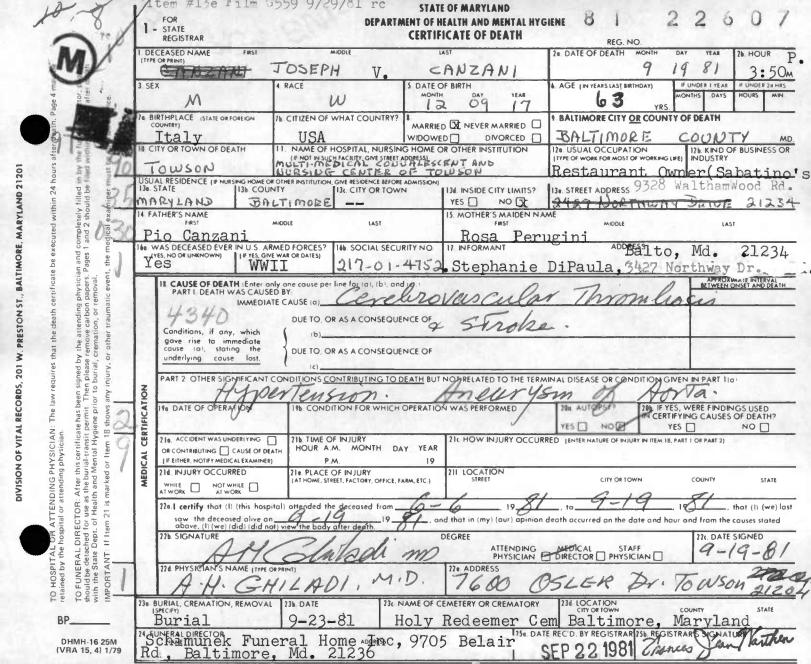
STATE OF MARYLAND

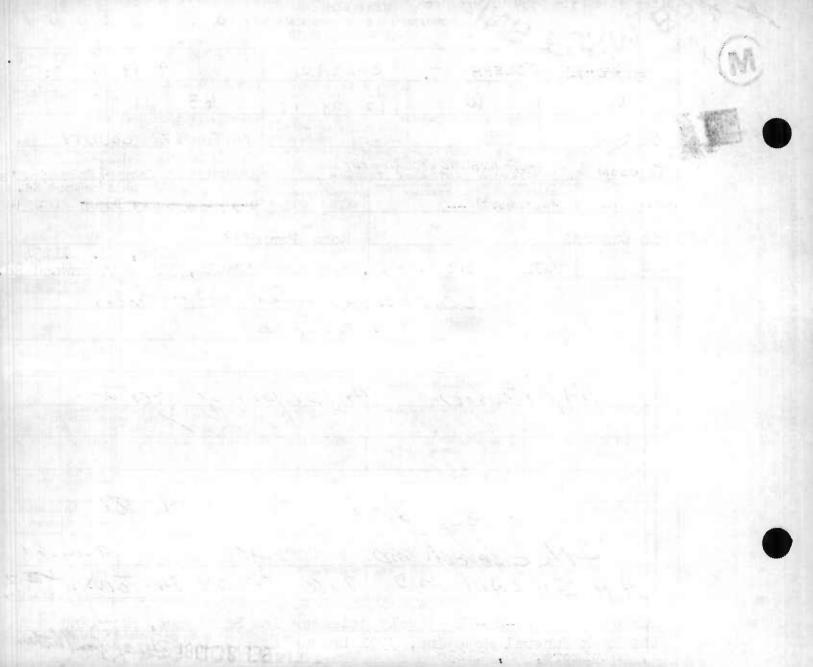
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		FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HYC FICATE OF DEATH	GIENE B	2.	2 6	0 5
		CEASED NAME FIRST OR PRINT)	100	MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
-		PATR		M	BYRNE				80-81	12:06p
3	. SE>	Female	4. RACE Whi	te	5. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	FUNDER I YEAR	HOURS MIN.
35		OUNTRY) Md.	76. CITIZEN OF	what country A	MARRIE	D NEVER MARRIED DED NORCED	9 BALTIMORE CITY O			
58		YOR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURS CHEACILITY, GIVE STRE DSEPH HOS	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)  Ret	ION	126 KIND OF	ggist
35	SUA	L RESIDENCE (IF NURSING HOME OF TATE Md. 136 COU	R OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	5931 Do		
30	FA	THER'S NAME FIRST Charles	MIDDLE	Murphy		15. MOTHER'S MAIDEN NA Elizabet	ME		icob LAST	
1 16		'AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS		
1 16	( )	ES. NO OR UNKNOWN) (IF YES. GI	IVE WAR OR DATES)	216 18	3891	Susan J. Byn	rne Sa	ame		
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION	DUE TO, O  (c)  CONDITIONS C	OR AS A CONSEO	UENCE OF	TY emphysema  NOT RELATED TO THE TERM  N WAS PERFORMED	MINAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	GS USED
de	RIF						YES NOX	YES		NO [
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3	E	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
23	Jo. B	270.1 certify that (X/this hosp sow the deceased alive or above. The west did 150.77.1. SIGNATURE  770. PHYSICIAN'S NAME TOBE  Sami Brahim  JRIAL, CREMATION, REMOVAL	9-30 Wirew the body M.D. 123b DATE	after death	81	7620 YORK I	MEDICAL STA	FF CIAN	Sept.	GIGNED 30,19
		Dullar	10/3/	1981	Mt. Ul	ivet Cemt.	Oxford	04 1	OUNT ON	0
		NERAL DIRECTOR  NAME  tchell-Wiedefe	eld Home	6500 Y	ork Rd	Balto OC	5 1981 PA	MESSEST .	familia	

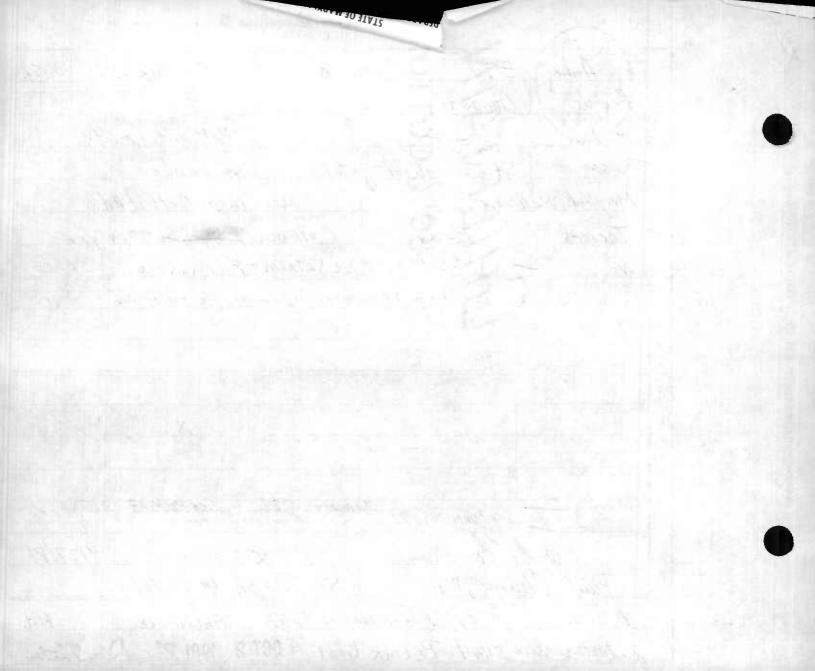
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N/	1.	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	3
8 74		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH, DAY YEAR 26 HOU	R
1 0 0 0	1. SE	× female	4 RACE S. DATE OF BIRTH AND DAY YEAR OF INVEARS (STIMPORT VEAR IF UNDER LYEAR HOUSES OF THE PROPERTY OF THE PR	21 HRS MIN.
1 1 1 2 C	To B	IRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH  Replacement of the country of Death  Replacement of the country of Death  Replacement of the country of Death	
of the feed of the	10 C	TOWSOW	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  ITENOT IN SUCH EACHLITY, GIVE STREET ADDREAS)  T. JOSEPH HOME OF MALLY  WIDOWED DIVORCED DIVORCED  120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF MORKING LIFE) INDUSTRY  WIDOWED DIVORCED DIVORCED  121 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF MORKING LIFE) INDUSTRY	MD.
filled in brought falled in brought be falled in br	13a.	AL RESIDENCE (IF NURSING HOME STATE MANY AND THE	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	
mpletely to ond 2 sho	14. F/	ATHER'S NAME  FIRST    house	MIDDLE LAST FIRST PIDE LAST	
BALTIMORE, rote be execute size on ond corpers. Poges 1 or vol.		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  GIVE WAR OR DATES) 215-14-4275 MR. NATALINO F. CAPRINOLO SAME	5
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA  NG PHYSICIAN: The low requires that the death certificate oftending physicion.  frer this certificate has been signed by the ottending physic os the buriol-transit permit. Then please remove carbon pape th and Mental Hygiene prior to buriol, cremotion, or removal orked or them 18 shows any injury, or other traumatic event, t	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
TAI RECOR	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES \( \text{NO} \)  NO \( \text{VES} \( \text{NO} \)	H?
ION OF VITAL R HYSICIAN: The I advag physicion. his certificate hos couriel-transit pe i Mental Hygiene or item 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)	J
DING PHYSIC or ottending After this cert eos the buriol olth and Mentrandon morked or them	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]  21I. LOCATION STREET CITY OF TOWN COUNTY S	TATE
R ATTENDIF hospital or NECTOR: A hed for use apt. of Health fem 21 is may		sow the deceased alive above, (1) (yee) (did) (dud	and view the bady after death.	
TTAL O by the RAL D detoc force D NT: If I		22b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   OF THE DATE VIGNED	7
TO HOSPITAL TO FUNERAL should be det with the Store		Paul (	Chang, M.D. St. Joseph Hospital	
BP		BURIAL, CREMATION, REMOV	9-30-1981 GARGENS OF FAITH BALTIMORE COUNTY PA	14.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	J. Halta Cry	860 5444 BELAIR ROAD OCT 2 1981 Frances San Warth	en



A		FOR STATE	DE	STATE OF HEA	F MARYLAND LTH AND MENTAL H	IYGIENES 2	2 5 0 9
. 8		REGISTRAR		CAL EXAMINER	S CERTIFICATE C	PEG. NO.	
25 4 E E		CEASED NAME HERBEY TORPRINT)	t A.	CAR	LIS	20. DATE KNOWN AND ME OF ESTI-	7 1981 CM
DIRECTOR FILES	3. SEX	M I. RACE	5. DATE OF BIRTH MONTH DAY 9/1/28	YEAR LAST BIRTHDAY) 70 53 YRS.	ONTHS DAYS HOURS	MIN PRONOUNCED DEAD	NYH DAY YEAR 2d HOUR 1981 72M
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O THE FILE	F	PHOENIX	(IF NOT IN SUCH FACILI	TAL, NURSING HOME, OR ITY, GIVE STREET ADDRESS) OP GREEN BRAN		FOR MOST OF WORKING LIFE)  EXECUTIVE	ORK 12b. KIND OF BUSINESS OR INDUSTRY PANTRY PRIDE
0 4 0 2	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME O TATE TARYLAND BAL	ROTHER INSTITUTION, GIVE R	RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN  HOENIX	13d. INSIDE CITY LIMITS?	139. STREET ADDRESS 13909 GREEN BRA	ANCH DR. #21131
	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID!	EN NAME MIDDLE	LAST
A SA		JACOB		CARLIS	CLAF		UNKNOWN
IB. GIVE PAGE: WITH FORM IT. PAGES 1 AN DIVISION OF	1 <b>6a</b> . VY	YAS DECEASED EVER IN U.S. ARM S, NO. OR UNKNOWN) YES	MED FORCES? VAR OR DAYES)	166. SOCIAL SECURITY NO. 193-20-9669		RS. LOLA CARRES REEN BRANCH DR.	PHOENIX, MD 2 <del>1133</del> 2//3/
CHIEF MEDICAL EXAMINER ALONG W USED AS A BURIALIRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL.	NO	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS I	E CAUSE (a)  DUE TO, OR AS  (b)  DUE TO, OR AS	S A CONSEQUENCE OF	Hanging SEASE OR CONDITION GIVEN IN PA	IRT 1 (a).	
USED VED	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?
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AFTER DEATH, WITH THE STATE BALTMORE, MARYLAND, 21201 P		22a. 1 certify that I taak charg death resulted fram: Natur ACTUAL SIGNATURE EXAMINER'S NAME		bed abave, held an Aiccident . Suicide,	TITLE (SPECIFY)	Undetermined manner ,	my opinian  DATE 9/1/81
PAGE TO PI AFTER BALT	23a, BI	(TYPE OR PRINT)  JRIAL, CREMATION, REMOVAL 2  BURIAL	3b. DATE 9/3/81	23c. NAME OF CEMETER		23d. LOCATION CITY OR TOWN	county STATE S CO., PENNA.
H - 17		JNERAL DIRECTOR SOL LE	VINSON & BI	ROS. INC.	TEM . PARY DATE	REC'D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
ME (5))	6	O10 DEISTEDSTON	AT DD RAT	TO MD 2	1215 05	P 1 0 1081 Page	Can / Kestner

		REGISTRAR CEASED NAME	FIRST		DDIE		ALTH AND MENTAL H	20 DATE OF D	REG. NO.	DAY YEAR	In wour
, <del>,</del>		F OR PRINTS	TACK	MI	E.		RTER, SR.	Septe		. 1981	26. HOUR 9:45 Am
after death	3. SE			4. RACE	231	5. DATE OF			RS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
iours afte		Male		White	е	July	11, 1943	118	38 YR:	MONTHS DATS	HOURS MIN.
75 hou		IRTHPLACE (STATE C	COST THE	200 200 200 200 200	HAT COUNTRY?	8. MARRIED	NEVER MARRIED		E CITY OR COUN		
		Mary Land		U.S.		WIDOWED	DIVORCED [	] Balt	imore		
20		21234		17730	Redwoo	d Ave	other institution nue	12a USUAL OC TYPE OF WORK F Carpen	OR MOST OF WORKIN	GLIFE) INDUSTRY	of BUSINESS OR Structio
should be	13a.	AL RESIDENCE (# NO STATE aryland	136 COU	other institution of the timore	13c. CITY OR TOW 2123	ADMISSION)	3d. INSIDE CITY LIMITS?	130. STREET AT	Red.wo	od Aver	nue
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g 9 g		WAS DECEASED EVE YES, NO OR UNKNOWN)		VE WAR OR DATES	215-40-		nermant Pauline C	arter B	altimo	re, Md.	21234
the		18. CAUSE OF DEA	ATH (Enter or	nly one couse per li	ine for (1) b), an		C. J				XIMATE INTERVAL N ONSET AND DEATH
event,		PARTI. DEATH	IMMEDIA	TE CAUSE (o)	Her	actic	· Tailler	٩		21	velles
ation, or traumotic		Conditions, if or	7	DUE TO, OR	AS A ONSEQUE	ENCE OF	to Cono	inomo		3,	מרנאו
+101		gove rise to in		(b)	TUNK						
the		couse (a), sta	ting the	DUE TO, OR	AS A CONSEQUE	ENCE OF					
i buriol, cremation, or r ury, or other traumatic	z	couse (a), star underlying cou	ting the ise lost.	(c)			OT RELATED TO THE TE	RMINAL DISEASE		GIVEN IN PART	lo
ony injury.	ICATION	couse (a), star underlying cou	ting the lost.	(c)	NTRIBUTING TO [	DEATH BUT N		RMINAL DISEASE	OR CONDITION	YES, WERE FIND	INGS USED
ine prior to bui	RTIFICATION	PART 2. OTHER SIG	ting the lost.  GNIFICANT (	(c) (c) CONDITIONS CONDIT	NTRIBUTING TO D	DEATH BUT N	OT RELATED TO THE TE	20a AUTOP	OR CONDITION  SY?  20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES []	HINGS USED ES OF DEATH?
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tor use us me domain parimit. Hery of Health and Mental Hygene prior to but 21 is marked at them 18 shows only injury.		PART 2. OTHER SIGNATURE  21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY ME 22a 1 certify tho sow the acce- obove. (1) Ave 22b. SIGNATURE	ATION  CATION  CATION  CAUSE OF DE- COUCAL EXAMINE  COURT	21b. TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME, STREE itol) ottended the	INJURY  MONTH DA  FINJURY  FINJURY  FINJURY  Control  Con	OPERATION  AY YEAR  19  ARM.ETC)  Ond	OT RELATED TO THE TE  WAS PERFORMED  21c. HOW INJURY OCCI  21l. LOCATION  STREET  19  that in (my) (our) opinion  GREE  ATTENDING PHYSICIAN	JRRED (ENTER NATU	OR CONDITION  SY?  20b. IF IN CEI IN	YES, WERE FIND RTIFYING CAUSE YES  18 PART I OR PART 2)  COUNTY  19 hour and from th	STATE  that (we) lost the couses stated
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tor use as the burdantonship butter. Then pot Health and Mental Hyghene prior to build is marked at them 18 shaws only injury.	MEDICAL	Couse (0), star underlying course (10), star underlying course (11), and the course (12) and the course (12), and the course (13), and the course (14), and the course (14), and (15), and	CATION  CATION  CATION  CAUSE OF DE.  COUNTY OF THE CAUSE OF DE.  COUNTY OF THE CAUSE OF DE.  CAUSE	196. CONDITIONS COL	INJURY  INJURY  INJURY  FINJURY  FINJURY  FILEFACTORY, OFFICE, F  deceosed from  ter deoth.  M. D.	OPERATION  AY YEAR  19  ARM.ETC)  NAME OF CEA	OT RELATED TO THE TE  WAS PERFORMED  21c. HOW INJURY OCCI  21l. LOCATION STREET  That in (my) (our) opinion GREE ATTENDING PHYSICIAN 22c. ADDRESS GOOD Sam METERY OR CREMATOR AWN Cemet	200 AUTOP YES   JRRED (ENTER NATU  MEDICAL DIRECTOR  ARTITAN  7 734 LOCAT CITYO	OR CONDITION  SY?  20b. IF IN CEI IN	YES, WERE FIND RTIFYING CAUSE YES   18 PART I OR PART 2)  COUNTY  219  August   COUNTY  COUNTY  COUNTY  COUNTY	STATE  STATE  STATE  STATE

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IMPORTANT:

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## STATE OF MARYLAND DEPARTM

ENT OF HEALTH AND MENTAL HYGIENE	Ö	1	6
CERTIFICATE OF DEATH			

	REG. NO.				
	20. DATE OF DEATH MONTH	81	YEAR	26 HOU	1R 30
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	88 YRS.	MONTHS	DAYS	HOURS	MIN
7	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	BALTO, C	OOM	776		MD

126 KIND OF BUSINESS OR

STATE

INDUSTRY

6	w	2/13/93	88
HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C
SICILY	USA	WIDOWED DIVORCED	BALTO.
OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION

MIDDLE

OSEPHINE

PARKVILLE		NOP CY		CUNTON	(TYPE OF WORK FOR MOST OF W	
JSUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	(DMISSION)			
		131 CITY OR TOWN		SIDE CITY LIMITS?	13e. STREET ADDRESS	

l	M D	BA 170	DUNDALK	YES NO NO	7333	BERKS'H)	IR
Ì	14 FATHER'S NAME FIRST	MIDDLE		15 MOTHER'S MAIDEN NAME		LAST	

LAST

5. DATE OF BIRTH

3	CAMINA	MINISHE	1010
ì	160 WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT
ı	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		
ı	NO	NENE	ANGE

CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BET
2500 DUE TO, OR AS A CONSPONENCE OFTES — Ou'dos	is
gove rise to immediate  Couse (0) stating the DUETO OR AS A CONSPONENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

TIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	O (ENTER NATURE OF INJUR	RY IN ITEM 18, PART I OR PART 2)
MEDI	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY ST

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEA P.M. 19		
21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET CITY OR TOWN	COUNTY

220.1 certify that (1	(this haspital) attended the de	ceased fram		19, ta		that (I) (we) lost
saw the deceas abave, (I) (we) (	ed alive on did) (did pol) view the body ofte	r deoth.	_, and that in (my) (a	ur) opinion deoth occurred ai	the dote and hour a	nd fram the couses stated
22b. SIGNATURE	( 11.	1 .	DEGREE			224. DATE SIGNED
1	1101	1	ATI	TENDING MEDICAL	STAFF	1 6/17/12

year run	PHYSICIAN   DIRECTOR   PHYSICIAN	/	11	//	
22d. PHYSICIAN'S NAME (INFORPRINT) ARRA	7122 HARFORD RJ.	21	12	7	

_						
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 4/19/81	HOLY	23d. LOCATION CITY OR TOWN BALTE	COUNTY	no STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

HOSPITAL OR ATTENDING PHYSIC

etained by the haspital

BP.

24 FUNERAL DIRECTOR NAME

underlying cause tost

FOR

- STATE REGISTRAR

(TYPE OR PRINT)

3 SEX

7a BIRTI COU

10 CITY

I. DECEASED NAME

THOMAS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S HEMAND

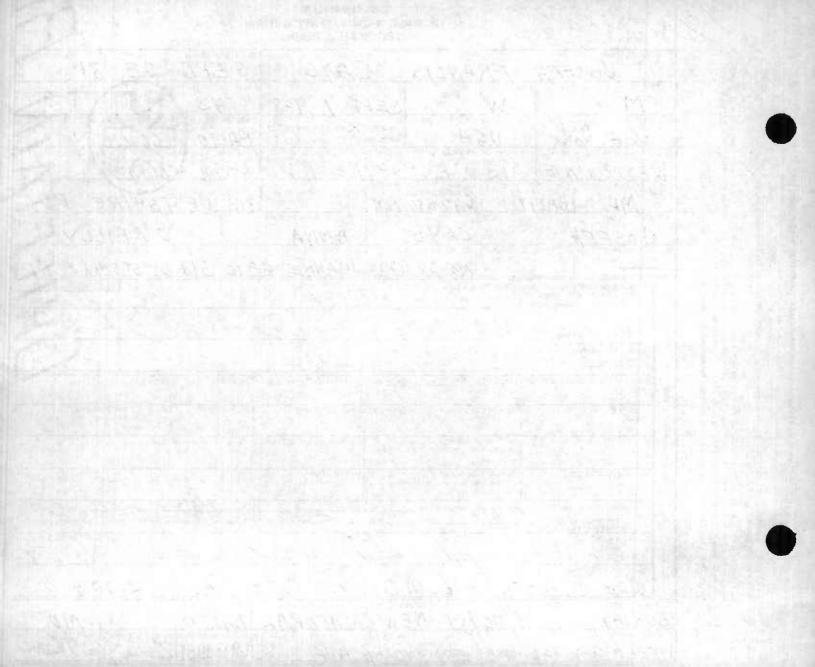
TO FUNERAL DIRECTOR. A should be detoched for use with the State Dept. of Heal

CHARLES THE STATE OF THE STATE THE BOOK STATES OF STATES AND STATES OF THE THE WARRENCE THOUGHT THE SAME. and the second transfer to the second Broad Street Edward Broad Street Stre requires that the death certificate be executed within 24 hours ofter death,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1-1	/			STATE OF MARYLAND	5 1	00 0 1 0
V	1	FOR STATE	DEPARTM	NENT OF HEALTH AND MENTAL HYG	IENE O	6 6 1 6
10	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	1. DE	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
	(TYPE	ORPRINT) JOS CEPH	FRANCIS	CAYO	SEPT	23 811
100	3. SE:	x	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
		M	W	SEPT 1 1938	43	MONTHS DAYS HOURS MIN.
e, 0		RTHPLACE (STATE	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
201		USA YORK	0.5A	WIDOWED DIVORCED	BALTO	COUNTY MD.
pei	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 126. KIND OF BUSINESS OR
10	W	ESTOWNE	3/3 WEST	SHIRE RP	SOCIAL SE	CURI X
376	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	
(E)		MP. BAL	TO LATONSU	ILLE YES NO	313 WE5	SHIRE RU.
July Comments	14 FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA/	ME MIDDLE	tast
135C	100	JOSEPH	CAYD	ANIYA		PREILLY
licol		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUR	RITY NO. 17. INFORMANT	ADDRES	S
Bec	4.0	TES, GIVE	215-28-	1228 DEANNE C	AYO 313 1	WESTSHIRE RD
the		18 CAUSE OF DEATH (Enter on	ly one couse per line (o) (o), (b), and	(ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent	200	PART I. DEATH WAS CAUSE	E CAUSE (0) HE PAT	10 Cons		10 0445
fic e		1579 MMEDIA				
6		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	TIE METASTAS	ES	5 700
tro	100	gave rise to immediate couse (a), stating the	(b) // C/ 3//		W	
othe		underlying couse lost.	DUE TO, OR AS A CONSEQUE	- 1 - 1		25 200
, or		DART 2 OTHER SIGNIFICANT C	(6)	EATH BUT NOT RELATED TO THE TERM	IN AL DISCLASE OR COND.	TION CHIEN IN PART V
jury	N	PARI 2. OTTER SIGNIFICANT C	ONDITIONS CONTRIBOTING TO D	PEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN IN PART 1181
ny in	FICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ws o	FIC	THE DATE OF OTERATION	IN. CONDITION TO A WITTEN	O'ENATION WAS FERIORMED		IN CERTIFYING CAUSES OF DEATH?
Sho.	CERTI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW INTERVOCCUE	YES NO	YES NO
8 4		OR CONTRIBUTING CAUSE OF DEA		Y YEAR 21c. HOW INJURY OCCURR	(ED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)
#e#	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19		
ō	MEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OF TOW	N COUNTY STATE
rked	<	AT WORK AT WORK		/ /	/	
S mo		220.1 certify that (I) (this hospit	ol) ottended the deceased from	7/1/8/ 19	, to9/2-3	, 19 , that (1) (we) lost
21		sow the deceased alive on obove, (I) (we) (did)(did not	2// 19 d	and that in (my) (our) opinion of	death occurred on the date	e and hour and from the causes stated
te u	160	22b. SIGNATURE	view the body offer deoffi.	) DEGREE		22c. DATE SIGNED
191		allen C1	etalechel.	ATTENDING PHYSICIAN	MEDICAL STAFF	
Z .	13-1	224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	J DIRECTOR CATTORIES	17070
MPORTANT	-	111m 1 111	atorgio II m	0 900 Coto	m Que	21229
₹-	230 5	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
1.16	130. 6	PICE IA	9/21/21/10/ 1/1	CI. / FATUE DO A 1	CITY OR TOWN	COUNTY MOSTATE
-	10	UN IN L	11/06/5/ 11/2	250 DATI	DHLIO	111/
80	3 . 2	NAME O A A A	ADDRESS "	9 0/1	CD O ACCA	b. REGISTRAPIS SIGNATURE
	WI	EDEK HUNERAL	HOME EDMON	DSON /+VF_ S	EF 49 1981 1	Barco Jan Multo



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	23	
60	Com	0	

1	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	Ю.	
	DECEASED NAME FIRST  YPE OR PRINT)	WIODLE		LAST	20. DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
L	Marie	Helen	Cefa1	u	September	18,1981	M
3.	SEX	4 RACE	MOM	OF BIRTH	6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS
	Female	White	Nov	. 17, 1921	59	YRS.	DATS MOURS MIN.
10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	тн
	Maryland	U.S.A.	WIDOW	ED DIVORCED	Baltimore	County,	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS OR
u.	Timonium	2024 Dum	ont Road		Home Make		vn Home
130	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY 13c CI	TYORTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	Maryland Balt	imore Ti	monium	YES NO X	20 24 Dum	ont Road	
7	FIRST	MIDOLE	EAST	15 MOTHER'S MAIDEN NAM	WE		LAST
4	Salvatore	Micc		Rosalia		Ferti	tta
160	(YES, NO OR UNKNOWN) (IF YES GIVE	E WAR OR OATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRE		
F	No	212	-22-7798	John F. Cefu	la 2417 W.	Baltimor	
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	ly ane cause per line for	(a), (b), and (c)			BET	PPROXIMATE INTERVAL
	IMMEDIATE CAUSE (a) Chrain 7 In Cannon						9 Mas
	DUE TO, OR AS A CONSEQUENCE OF						
1	Conditions, if any, which gove rise to immediate	(b)					
	cause (0), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF				
		(c)					
z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT Ita
CERTIFICATION	19g DATE OF OPERATION	19h CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE F	INDINGS USED
E SE				or with the ountry		IN CERTIFYING CA	USES OF DEATH?
- 1	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJUI	RY	21c. HOW INJURY OCCURR	YES NO	YES TO BE SARY LORDA	NO 🗍
	OR COMPRISION TO COMPRISON OF THE CO.		ONTH DAY YEAR		CONTENT NATIONE OF INTO	N, IN III, M ID FAKT I OK FA	N ( Z )
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M.	19 IRY	211 LOCATION			
A	MANUEL NOT WHILE		ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUN	ITY STATE
	220.1 certify that (I) (this hospit	al) attended the decor	and bear all	an 10 B/		- · ·	/
	saw the deceosed alive an abave, (1) (we) (did) (did not	Sopt 1		nd that in (my) (aur) apınıan c	death accurred on the de	ate and hour and fra	m the causes stated
	22b. SIGNATURE	view the body after di	earn.	DEGREE			DATE SIGNED
	ant	- che	Such	MP ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF	9/14/81
1	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS	J DIMEGION ED PHIOLO		
	A - Know A	Vare	.010	302 Greenspr	ing Station	n Lutherv	ille.Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached with the State Dept. MPORTANT: If he

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Sept. 21, 1981

236 DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23c. NAME OF CEMETERY OR CREMATORY Dulahey Valley Cem.

23d LOCATION
CITY OR TOWN
COCKEYSVILLE, Balto Md 2.1.1981 Charles

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	1802 , 70		edalin j	C. Fr. C
naithean Durat ,			J. U.	TomExpel d
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Mack though (2)		and only	an obside	h element
	ESTRUCE	2		rodayla
in (M.E. Eletinore Derest	John E. Com	247-22-216		C
1. N. Y				
(****/********************************	C)) <sub>1</sub>	And the		
. Mr. ellers of the control of the c	302 freshm	210157		31 10.
Coc. € 375° C,				
12 1 18 1 1 C - 2 C 18 21 1 C 91	ALCEN, B	Locatel dille	molecurator.	Equect Tone

- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

120 ts ot 10 10 20 0 THE RESIDENCE OF THE PROPERTY A DESTRUCTION --116 ... 00 550 LI STITULE ON STATE OF THE STATE OF La State di Tabi

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH

8 1 2 2 6 1

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
	1. DECEASED NAME	FIRST		WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		Louise		Ε.	Ch	ambers	September 26	, 1981	M
	3. SEX		4 RACE		5 DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	September 26, 1981  AGE (IN YEARS LAST BIRTHDAY)  BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE COUNTY  BUSUAL OCCUPATION  IF UNDER 1 YEAR  BUSUAL OCCUPATION  IF UNDER 1 YEAR  BUSUAL OCCUPATION  IF OF WORK FOR MOST OF WORKING LIFE)  ADDRESS  Chambers, same as #13e  Campbell  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  IN CERTIFYING CAUSES OF DEATH?  YES ON OF THE YEAR OF PART 2)  (ENTER NATURE OF INJURY IN VIEW 18 PART 1 OR PART 2)	
	Female		White	2	Janu	ary 15, 1900	81 YRS.		HOURS MIN.
Ų	70. BIRTHPLACE (STATE O	OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
O	Minnesota		U.S.		WIDOWE	DIVORCED	Baltimore Co	ounty	MD.
0	White Hall		2310	McComas I	Rd.	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET		OF BUSINESS OR
5	USUAL RESIDENCE (IF NO 130. STATE Maryland	113b COUN	OTHER INSTITUTION TY Limore	GIVE RESIDENCE BEFORE 134 CHY OR TOWN White Ha	N_	13d. INSIDE CITY LIMITS? YES NO 🏋	2310 McComas F	Rd. 2116	1
-	14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		144	
3	Frank			Laughran		Anna	moute (	Campbell Campbell	
	160 WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS		
	(YES, NO OR UNKNOWN)	, , ,		081-22-36	543	Mrs. Robert (	G. Chambers, san	ne as #1	3e
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a),			diet i	- /		BETWEEN	ONSET AND DEATH	
	PART I. DEATH			Tiela	real	u la.	- braun	6	200
	162	9	DUE TO, O	R AS A CONSEQUE	NCE OF	11 -			
	Conditions, if or		(b)		a	3/4-		1	40.
	couse (a), sto underlying cau	ting the	DUE TO, O	R AS A CONSEQUE	NCE OF	itte sno	win		J
	PART 2 OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 10	a)
	o l			-OPD					
)	190 DATE OF OPER	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	TIFYING CAUSES	S OF DEATH?
)	0.000.000.000.000.00	_	216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)	
1	CIFETHER NOTIFY ME 21d. INJURY OCCU		1111	м.	19				
	21d. INJURY OCCU		218. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	ANUITE NOT	WHILE D					1		
	220 I certify that saw the dece		1/0	e deceased from_	81		(b, to (uners)		that (1) (we) lost
	abave, (I) (we)	(did na	t) view the body				death accurred an the date and ho		
	22b. SIGNATURE	Pu	deli	A	20	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/	28/8
	226 PHYSICIAN'S	NAME ITYPE O	R PRINT)			22e ADDRESS		'/	1
	Peter	Hitzig	g, M.D.			300 E. Joppa	a Rd.		

BP\_

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL

Cremation

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CUTY OF TOWN
Baltimore

Maryland Maryland

Loudon Park Crematory B

Y REGISTRARIZS REGISTRAR'S SIGNATURE

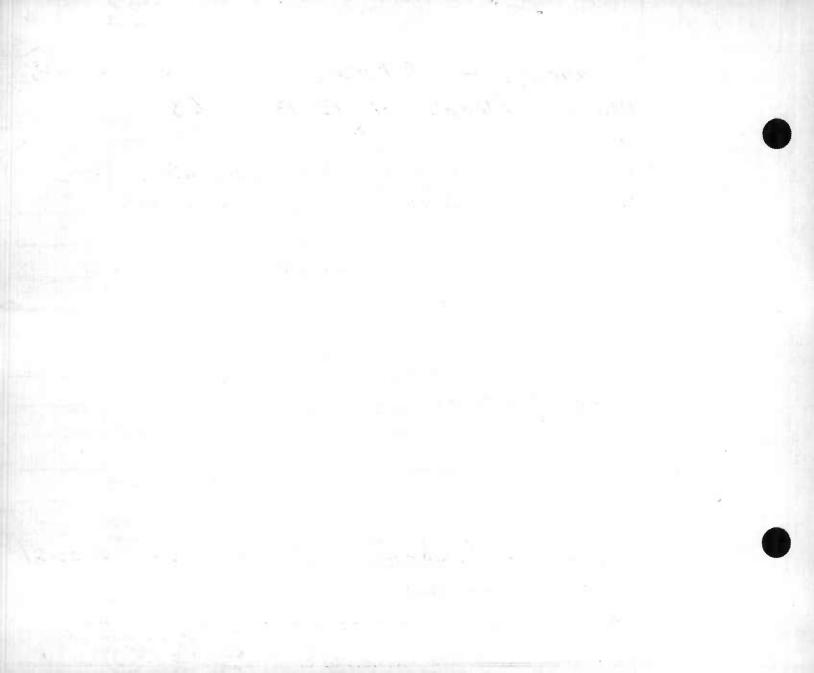
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23b. DATE

9-28-81

SEP 29 1981 Farres

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usi sot storilla g	Part County	Donno.	-0.5-	Carriero T
		, Totale, 19820 ,	0 0 1 1 10 0	1 Ca C'' 3



injury, or other troumotic

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1 REG. NO.	2 2 6 1 /
	1 DECEASED NAME FIRST		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	HEL	EN G.	CHIDWICK	9	1 81 7: 20A
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	FEMALE	WHITE	9 2 01	79 YR	
1	76 BIRTHPLACE (STATE OR FOREIGN New York	U.S.A.	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	DALTTIMODE	
-	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	HOSPITAL	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Bank Teller	126 KIND OF BUSINESS OR
)	Maryland Ba	AE OR OTHER INSTITUTION. GIVE RESIDENCE BEFO OUNTY altimore Hydes	WN 13d. INSIDE CITY LIMITS		rm Road, East
7	14 FATHER'S NAME James	MIDDLE Chidwi	ck Margare		Byrne
	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YE	ARMED FORCES? S. GIVE WAR OR DATES)  166 SOCIAL SEC 067-03-		heehan M.D., Same	e As #13e
	Conditions, if any, which gove rise to immediate couse (o), stoling the underlying couse last	DUE TO, OR AS A CONSEQUENCE (c)	LENCE OF COL	finsula di	
	PART 2. OTHER SIGNIFICAL Section	NT CONDITIONS CONTRIBUTING TO	depending of	upon et	Cej
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		h operation was performed	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{D} \)
	OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONTH [	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
	ZIG INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceased alive	ospitol) ottended the deceosed from on19_ d not) view the body ofter death.	, 19, ond that in (my) (our) opin		. 19, that (1) (we) lost hour and from the causes stated
	FIGNATURE (L	K Puter un	DEGREE ATTENDIN PHYSICIAI		221. DATE SIGNED
	6 PACO	V. PATRIC	270 ADDRESS		
	230. BURIAL, CREMATION, REMO	VAL 23b. DATE 23c	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

9-2-81 Cremation 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md.

Loudon Park Crematory

Baltimore, Maryaand

1 1 1 1 1	nonmi	10.	GLETT AV
	40 8	o STILLY	FEMALE
YTHUOD HOWITHAN			
	JATI	ST JOSEPH HISP	MASAOT
		Large Top 1	
		11-140	40

FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	2	2 6	1	3
ECEASED NAME	FIRST		WIOOFE	L	AST	20. DATE OF DEATH	MONTH OA	Y YEAR	2b HOUR	
FE OK PRINT)	Eliz	abeth	Theresa		Child		9 22	81	11:15	AM
EX		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 F	
Female		Whi	te	Nov.	17,1903 YEAR	77	YRS.	NIHS DAYS	HOURS M	A IN.
BIRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		F DEATH		
Maryland		USA		WIDOWE	W 100 to	Baltimore	County	7		MD.
CITY OR TOWN OF D	EATH		F HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS	
Towson		6701	V. Charles		21.204	Secretary		Comme	rcial	
JAL RESIDENCE (IF NI STATE  Maryland  ATHER'S NAME	13b COU		130. CITY OR TOW Rodgers	N	13d. INSIDE CITY LIMITS? YES NOXX	13e. STREET ADDRESS 310 Murdo	ck Rd.	Credi	t Corp	•
Thomas E					FIRST	s Murray		LA	ST	
WAS DECEASED EVI (YES, NO OR UNKNOWN) NO		RMED FORCES VE WAR OR OATES	? 16b. SOCIAL SECU 215-10-6		Miss Cynthia	Child	ess San	ne		
18. CAUSE OF DEATH	WAS CAUS		per line for (o), (b), one Metastat		adder Cancer				mate interval onset and bea Years	itн
Conditions, if or		DUE TO,	OR AS A CONSEQUE	NCE OF						
gove rise to i couse (b), sto underlying cou	immediate ating the	DUE TO,	OR AS A CONSEQUE	ENCE OF	YES ST		R S			
PART 2. OTHER SI	GNIFICANT	CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	V IN PART 1	01	
19a. DATE OF OPER	RATION	19b. CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO V	20b. IF YES, VIN CERTIFYII	NG CAUSES	NGS USED OF DEATH?	
21a. ACCIDENT WAS I	UNDERLYING [	21b. TIME	OF INJURY		21c. HOW INJURY OCCUR		JRY IN ITEM 18 PAR	T I OR PART 2)		

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

9/22

MONTH DAY 21e PLACE OF INJURY

97

21f LOCATION

CITY OR TOWN

COUNTY

STATE

230. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that (1) (this haspital) attended the deceased from

23,1981

DEGREE

ATTENDING PHYSICIAN [

22e ADDRESS

9/22/81

Ruth Kantor, M.D.

NOT WHILE

231. NAME OF CEMETERY OR CREMATORY

New Cathedral

6701 N. Charles St

21204

23d. LOCATION

Burial 24 FUNERAL DIRECTOR

80

MPORTANT: If He

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.

23b. DATE

Sept.

ltimore City, Maryland

9722

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN TY

22c. DATE SIGNED

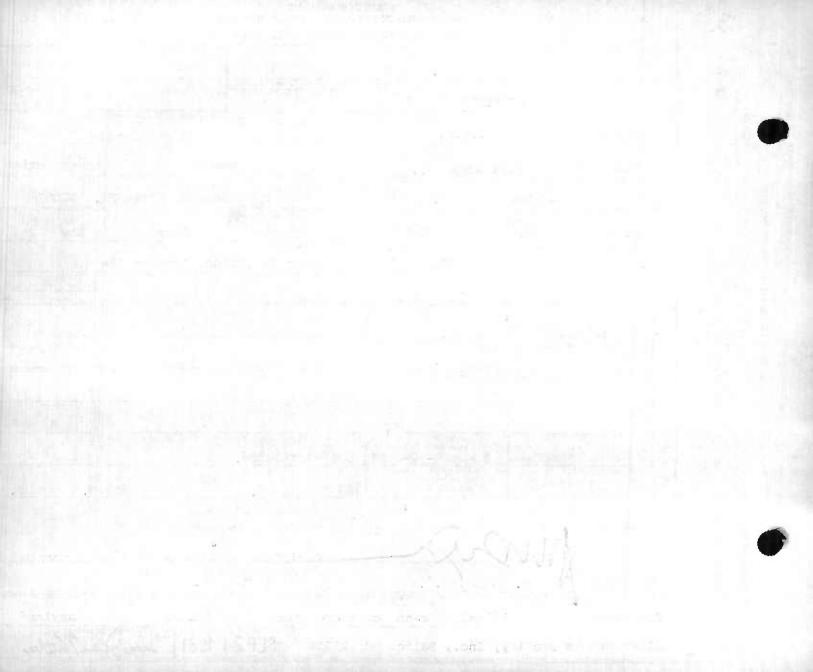
DHMH-16 30M 2/80 (VRA 15, 4)

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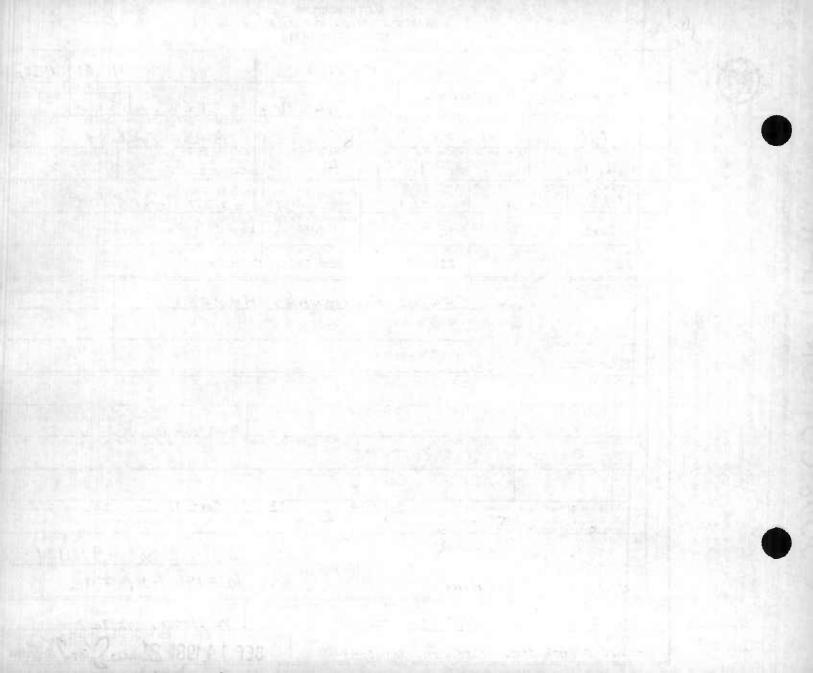
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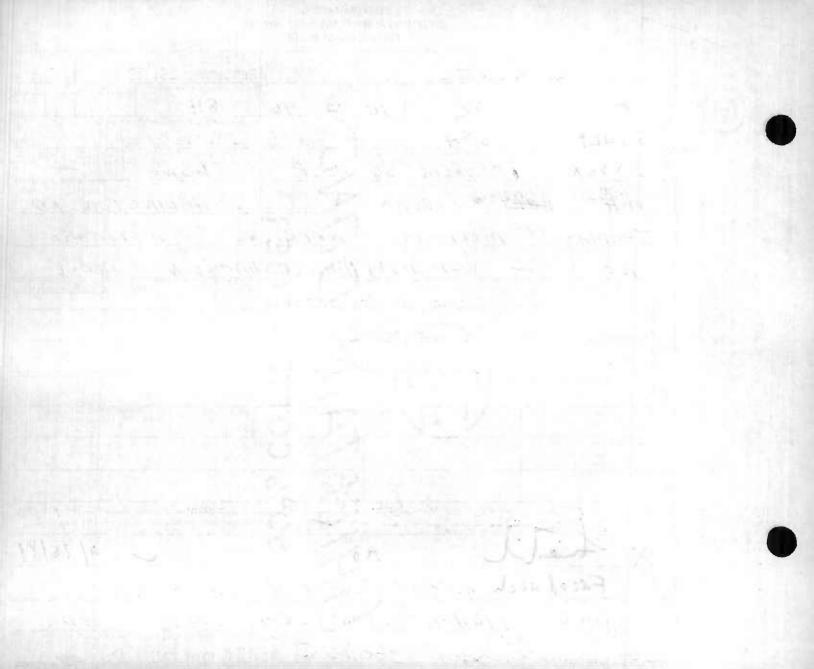
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5	JSUAL RE 30. STATE Md		F IN NURSING	COUNT Bal	R OTHER IN				BEFORE	ADMISSIC	e		NSIDE CIT	Y LIMITS?	13e. ST	REET A 610	DDRE:	ss v:	ist	a Ro	1.	2108	7
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JRIAL, CREMATION, OR REMOVAL.		lying caus	e last.			(c)		S A CON				E OR CD	NDITION	GIVEN IN P	NRT 1 (a).								
3	CERTIFICATION 190	DATE OF	OPERATIO	N		19b. CO	NDITIO	ON FOR	WHICI	H OPER	ATION W	/AS PE	RFORM	AED?								UTOPSY	NO []
3		EXTERNAL DERLYING NTRIBUTIN	G CAU		EATH	?	A.M.	MONTH 9-	19-	1981	Se	elf-	-inf	occurr flict		NATURE	OF INJU	JRY IN ITE	M 18 PAR	RT 1 OR PA			
	¥ W	INJURY OF	NOT WH	ILE 🔀			FACTOR	ry. farm. i		IOME,		CATIC STREET		oa Ro	١.	CITY	OR TOW	(N		Bal	to.		state Md.
1	de	27a. I certify eath resulte TUAL SNATURE			e of the ol couse		descri	tendent	ove, he		Autop	, TI	Hamici TLE (SP		Unde	termin			and	DATE SIGNE		9-20-	·81
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	(TY	AMINER'S N PE OR PRIN	(T)	Ann		Dixo	on/	M.D	_	OF CEA	NETERY C	ADDR R CRE			Penr	OCATI							
-	Cre	matio	n		9/23	1/19		G	reer	n Mo	unt	Cre	mat	ory	REC'D. B	alt Y REG	imo	1261	EGIL	con	M	aryl	and
- 17 AE (5) )	Walt	er Br	ooks	Brad	dley	7, I	nc.	, В	alto	). M	d 2	122	2	St	P2	1 ];	981	CA	snee	6	lany	Kull	ia



11			STATE OF MARTLAND	0 0 0 0
10		FOR	DEPARTMENT OF HEALTH AND MENTAL H	LYGIENE OL 2 2 0 2 0
100 -	11-	STATE	CERTIFICATE OF DEATH	
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	1 DE	CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
. m.e	{TYPE	ORPRINT) AA A AL	11 01/0	0 14 01
e 4 may be trar, page 3 after death		MARY	H. CHKEST	4 10 81
may pag		111111	11 911000	/ / / / M
e b	3. SE)	~ /	4. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
4 50			WHITE OUT 9, 1903	MONTHS DAYS HOURS MIN
6 9 5		P	WHILE 104. 7,1903	
o in a	To BI	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY OR COUNTY OF DEATH
# 55 87	C	DUNTRY)	MARRIED LI NEVER MARRIED	2 - 1
9 8	1	1.(1).	U-3 H. WIDOWED DIVORCED	DALIO. CO. MI). MD.
	ID CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
	1/	1 - 1110	UF NOT M SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
in so differ the so	16	Alpuslicut	149 (1011) FRICE +08	Klacis Finite F
aura aura in b	HSIL	AL DESIDENCE OF NUMBERS HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]	11/00000011
212	130. S	TATE AL .X	NTY 13c CITY OR TOWN 13d, INSIDE CITY LIMITS	13e. STREET_ADDRESS
LAND 2 1		MDITA	- LTO. CATOWSULUF YES IN NOTE	- 149 1 10 14 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1
AN C F O	4	1 2 00		11 NONWER CHAL
withii withii d 2 sl	14. FA	THER'S MAME	15. MOTHER'S MAIDEN	
AA b and a s	1	FEGOLE	MIDDLE 1 LAST A FIRST	MIDDLE
BALTIMORE, MARYLAND 21201 cate be executed within 24 haurs hysicion and completely filled in by apers. Pages 1 and 2 should be fille avail.		DEULOE	W. MORSEY INVE	WARDER
m, 50 0 1		VAS DECEASED EVER IN U.S. AR		ADDRESS 1/25 CIDE
MORE, e execu	{Y	ES, NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES) 4	1 C1/2 = 30 1/20 6/PS/-
A P P E		No	214-40-5787 CHARLES	L- CHEEST SR. LANE WEST
ALTII ate bo ate bo pers. al.				APPROXIMATE INTERVAL
BAI icate icate oape aval		18. CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	IN COMMANDE SALLER OF THE SALL	Les infarction
4 ST., BA certificat ing physis banpap remavo ic event,		IMMEDIA	E CAUSE (o)	
on the ce and		4111	DUE TO, OR AS A CONSEQUENCE, OF	
death death ottend ove co rian, a coumat		1100		SCUD
REST e deat move notian, traum		Conditions, if ony, which	(b) Hyperlessable 17.	3 (00
the deat the other remove cemotion.		gove rise to immediate couse (a), stating the	Saus va an us a Malus cours us as	
W.P. hat the by the ase rer I, crem ather		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,  NG PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending plays the burnal-transit permit. Then please remove carbang on the burnal-transit permit. Then please remove carbang hand Mental Hygiene prior to burnal, cremation, or remarked at them 18 shaws any injury, or ather traumatic even			(c)	
DS, 301 quires the signed hen plee o burial jury, or		PART 2 OTHER SIGNIER ANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	PANNAL DISEASE OF CONDITION CIVEN IN PART 1:01
ORDS, 36 requires sen signee or to buring y injury, by	2	TAKT 2: OTTIER STORT ICANT	BOT NOT REPAIR TO THE TE	CAMINAL DISEASE OR CONDITION GIVEN IN PART 110
RD s n s Trh to	ō	terni	cerus anemia	
beer mit.	4 2 '	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
S on prinite	Ď	A DATE OF GRANIOTY	TW. CONDITION ON WHICH OF ENAMED WAS TEN ON MED	IN CERTIFYING CAUSES OF DEATH?
rat Ri The lo Cian. e hos sit per sit per hows				YES NOTA YES NO
VISION OF VITAL RI PHYSICIAN: The Ic trending physician. This certificate hos the bunal-transit per and Mental Hygiene, ed or frem 18 shows	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY 21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]
N OF VITA SICIAN: TI ng physici certificate mol-transi ental Hygi			THE PARTY OF THE P	URRED (ENTER NATURE OF INJURY IN TEM 18, PART T OR PART 2)
A 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	A	OR CONTRIBUTING CAUSE OF DE		
N OF SICIA ng ph certif tental-t	2	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 19	
IVISION OF VI	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE FARM FTC.)  211. LOCATION  STREET	CITY OR TOWN COUNTY STATE
VISI O Pi onten the and ked o	Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CILLON IO MIG
DIVIS ATTENDING P sopial or other ECTOR: After ti d for use as the to Health and		AT WORK AT WORK		
DDING Lor o R: Afre use as tealth		220.1 certify that (I) (this haspi	tal) attended the deceased from 11 aug 19 6	3 to 10 15 15 T 19 8 that (1) (we) lost
TTEN oital TOR: For us		sow the deceased alive on	to be a few conditions	on death occurred on the date and hour and from the causes stated
TITEN pital For up		obove. (I) (we) (did)-(did no	t) view the body offer death.	on death occurred on the date and hour and from the causes stated
OR ATTEN OR ATTEN DIRECTOR Coched for u Dept. of He		22b. SIGNATURE	DEGREE	22c DATE SIGNED
OR OR OCHE			= P A ATTENDING	
AL DI AL DI TE DE CETOCH TE DE		Tumes	E PHYSICIAN	DIRECTOR PHYSICIAN
HOSPITAL ined by th FUNERAL old be dete		22d. PHYSICIAN'S NAME (TYPE C		
S P P P P		THE PHYSICIAL STANDE (THE		
HOSPITAL ined by the FUNERAL build be deth the Store		JAMES	E. ROWE 413 Con	nonverselly HU4 2/278
O HOSPITAL OR A etoined by the hos TO FUNERAL DIRECTOR Should be detoched with the Store Dept.	-	11/23		
F 5 - 4 / 3	23a. E	SURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OF CREMAJOR	RY 23d LOCATION
	(	Karint-	C 111-81 /11/2011 PAON	TY OR TOWN TO COUNTY MYS
		DULITE	17-14-01 100000 11KM	100010
DHMH-16 60M 1/73	24.	THERAL DIRECTOR	250. C	DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	1 6	NAME /	TOOR SS	(N) O N -
(V/D A 3.5 (A))	1	1 1 1 1 1 1	MICOL WIEN BUE . AFF	
(VR A 15 (4))	11	AK LEV 1-14.	4601 HED. AVE. SFF	2.3.1981 Manu January



1	1.	OR STATE REGISTRAR	DEPARTM	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	REG. NO	2 2	5 2 2
e <del>t</del>		CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH		25. 11001.
900	3. SE.		M. CHVOSTAL	5. DATE OF	DIDTU	September 2		6:20a M
AA	3. SE.	F	W	MONTH	13 4g	84		AYS HOURS MIN.
12		TTALY	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	Baltimore city o	County	H MD.
by the filed will	10 C	ESSEX	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A FRANKLIN		HOSP	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR
filled in hould be		AL RESIDENCE (IF NUR STATE MASS,	OTHER INSTITUTION GIVE RESIDENCE BEFORE  136. CITY OR TOWN  WOBV	ADMISSION) N R N	BIL INSIDECITY LIMITS?	13e STREET ADDRESS	LINGTO	N RD
ompletely ond 2 sh exomined		THOMAS	MOLINAS	31	MADALE  MADALE	ENE MIDDLE	molin	VASI
Poges Poges		VAS DECEASED EVER IN U.S. ARI VES, NO OR UNKNOWN) (IF YES, GIVI	WED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 029-01	-533/	HARRIET	HAMILTON		BOVE
signed by the ottending physical places remove corbonpol to burial, cremotion, ar remove injury, or other troumotic event.	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	y one couse per line for (a), (b), one DBY:  E CAUSE (a) Cardio-pu  DUE TO, OR AS A CONSEQUE  (b) Pulmonary  DUE TO, OR AS A CONSEQUE  (c1 Congestive	edema edema e heat:	t failure	INAL DISEASE OR CONE		PROXIMATE INTERVAL  FEN ONSET AND DEATH  T 1(0)
hos been t permit. I ene prior ows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION '	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES []	
certificate urial-transi tental Hygi Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR	No HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART	[2]
ther this so the bu h and M inked or	MED	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		IT LOCATION STREET	CHTY OR TO	WN COUNTY	Y STATE
at DIRECTOR: A etoched for use of the Dept. of Healt if them 21 is mo		27a. I certify that (M) (this hospin sow the deceased alive an above, A) (we) /did) (did no 27b. SIGNATURE)	Sent 26	81, ond	Ihot in (our) opinion  GREE  ATTENDING PHYSICIAN [	. 10	22c. D	ATE SIGNED / D
TO FUNERAL should be det with the Stote MPORTANT:			eich Dr. Fried	rich	22e ADDRESS 9000 Frankli			
P = 2 ≤		BURIAL, CREMATION, REMOVAL	23b. DATE 9/39/81 23c. N		ARY CEM	23d. LOCATION CITY OF TOWN  BAL7	COUNTY	MO STATE
16 30M 2/80 RA 15, 4)	24 FI	UNERAL DIRECTOR	Of Q ADDRESS	300	1. 49+	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	NATURE

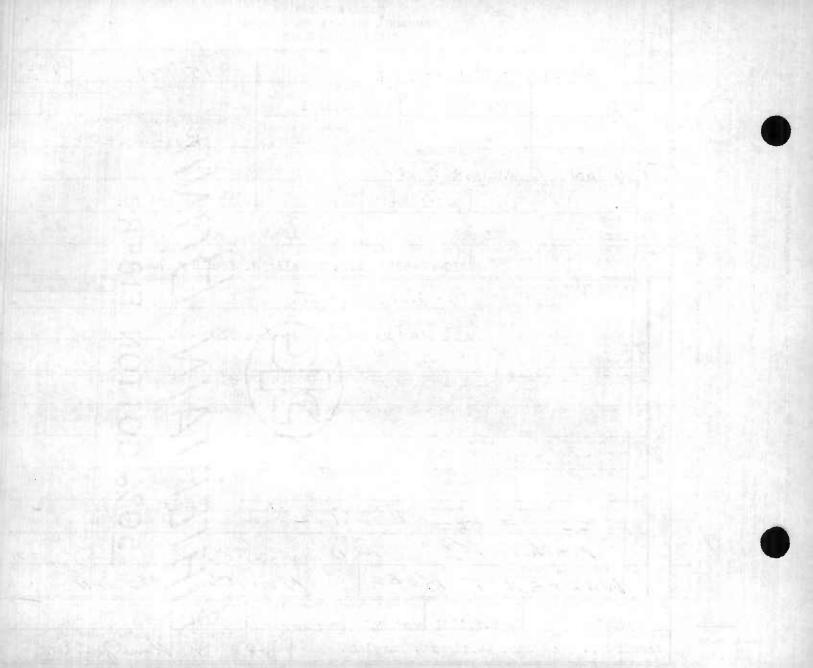


810	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND W		REG. N	0		۵, 0
		EASED NAME	FIR51		MIDDLE	l	AST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	TITPE	OR PRINT)	PANFI	LO	JULIUS	CIAN	1PA		September	21.	1981	12:04pm
1	3. SE			RACE		S. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
		MALE		CAUCA	SIAN	01	25	20	61	YRS	MONTHS DAYS	HOURS MIN.
EQ.	- (	RTHPLACE (STATE OR FOOD OUNTRY) NNSYLVAN			WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER M	ARRIED  ORCED	Baltimore CITY C	R COUN	NTY OF DEATH	MD
1	RO	SSVILLE		I. NAME OF (IF NOT IN SU FRANK	HOSPITAL, NURSING FACILITY, GIVE STREET LIN SQU	NG HOME C	OSPITA		12g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF EXECUTIVE	F WORKING	GUFE) INDUSTRY	F BUSINESS OR UNION
5	130. S MA	RYLAND	NG HOME OF OT 13b. COUNTY BALT		13c. CITY OR TOWN ROSEDA	/N	13d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRESS 8051 PHII	LADE	ELPHIA F	
0		HER'S NAME ALDERICO	MIC	DDLE	CIAMPA		15. MOTHER'S	MAIDENNA FIA	WE		ZINOBÍ	Le
T	6a W	AS DECEASED EVER I	N U.S. ARME		166 SOCIAL SECU		17. INFORMAN		ADDRE			
		NO OR UNKNOWN)	(11 123, 5112 1	TAK OK DATES)	2090748	350	MARGAF	RET CI	IAMPA 8051	PH	ILADELF	HIA RD
	TION		ediote g the lost. IFICANT CO	DUE TO, CO		ENCE OF DEATH BUT	NOT RELATED	TO THE TERM	NNAL DISEASE OR CON			
	CERTIFICATION	19a DATE OF OPERAT			HTION FOR WHICH	OPERATIO			200 AUTOPSY?  YES NO	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [	OF DEATH?
		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	1		AY YEAR	Nr. HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJUI	CY IN ITEM I	18 PART I OR PART 2]	YJ.
	MEDICAL	21d. INJURY OCCURRI	IE 🗌	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION	7	CITY OR TO	wN	COUNTY	STATE
		220. I certify that (x) saw the decease above, (we) (de	this hospital d alive an S	eptemb	ne deceased from _ per 21 19 8	Augus 31	t 29 d that in (%) (	., 19. <b>81</b> our) opinion	, to Septembe death accurred on the de			that (we) last causes stated
		B. SIGNATURE	D.	ya	~		DEGREE At Pi		MEDICAL STAI	F IAN [	22c DATE	SIGNED
1		22d. PHYSICIAN'S NA	-	Dugan			22e ADDRESS 9000		klin Square	Driv	ve 21237	
	(	JRIAL, CREMATION, F PECIFY) BURIAL	REMOVAL	236. DATE 9/24			OF FA	AITH	23d LOCATION CITY OF TOWN BALTO.		BALTO.	
1/81	24 FL	NERAL DIRECTOR	0	1211	C ADDRESS	. 1	5		POO 1001	25b. REG	ISTRAR'S SIGNAT	URE

STATE OF MARYLAND

INTEREST CHARLES CONTROLL DON THAT CHARLES LANGUE TO THE . METER PRESIDENCE RESERVED AND SOME PRINCIPLE ED. ATTEMIA DOING A TOLON DOING SA I TIME TO THE TOTAL OF STREET BEET ALL SANDARD OF FAILE SALES. TALES, SANDARD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	10	'

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	10			
		CEASED NAME FIRST MARY	USA  WIDOWED[  11. NAME OF HOSPITAL, NURSING HOME OR COME OF CHEROLIST OF HOSPITAL, NURSING HOME OR COME OF CHEROLIST OF HOSPITAL OF THE PROPESS OF THE PROP			EY			MONTH C	981	25 HOUR P	
		Female		ATHERINE  CE  nite  NITE  USA  NAME OF HOSPITAL, NURSIN  IE NOT IN SUCH FACILITY, GIVE'S REET I  INSTITUTION GIVE RESIDENCE BEFORE  ISC. CITY OR TOWN  CATONSVI  A, COAKLEY  FORCES?  166 SOCIAL SECUI  218-16-1  COUSE (0)  DUE TO, OR AS A CONSEOUL  (b)  DUE TO, OR AS A CONSEOUL  (c)  ITIONS CONTRIBUTING TO D  WE CONDITION FOR WHICH (C)  WE CONDITION FOR WHICH (C)  THE PLACE OF INJURY  AT HOME STREET, FACTORY, OFFICE, EA		DAY	YEAR 98	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
5	P	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Naryland			MARRIE	D NEVER A	AARRIED	9 BALTIMORE CITY O	OR COUNTY			
0	Ca	ITY OR TOWN OF DEATH	109	CH FACILITY, GIVE STREET Bishops L	ADDRESS)	OR OTHER INST	MOLTUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST) Homemaker	OF WORKING LIFE	126 KIND O INDUSTRY Own	Home	
5	130 5	Md Balt	NTY	13c CITY OR TOW Catonsv.	ille	13d. INSIDE C	NO 🗌	130 SIREET ADDRESS	ops La	ne		
0		ATHER'S NAME First <b>Jeremiah</b>	Α,	Coakle	-		MAIDEN NAM	C. MIDDLE		alker '^s	л	
			E OF DEATH Enter only one cause per line to DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			Miss		s Coakley,	Lat		le, Md. Lane	
	NO	Canditions, it ony, which gave rise ta immediate cause (a., stating the underlying cause lost.	DUE TO, O  DUE TO, O  (c)	r as a conseou r as a conseou	ENCE OF	)	ascula TO THE TERM	DELIAGO NAL DISEASE OR CON		30,	MATE INTERVAL ONSET AND DEATH CONCUS	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	14	6	200 AUTOPSY?		, WERE FINDIN		
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED  WHITE AT WORK AT WORK  22d. Certify that (1) (the hosp saw the deceased olive or abave, (1) (vo.) (dink) (did no 22b. SIGNATURE  22d PHYSICIAN'S NAME (Type)	HOUR A. P. 21e PLACE [AT HOME STE  The property of the body  21 in the body	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, E  deceased from	19 EARM ETC)	d that in (my)	19 apinion o	CITY OR TO	DWN date and hour	COUNTY	STATE that (II (In (In (In (In (In (In (In (In (In	
		Dr. James J.		M.D,		22e ADDRESS		ll Road, Ba	alto.Mc	21229		

236 NAME OF CEMETERY OR CREMATORY

New Cathedral

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

Burial 9/28/81 New Cathedral 14 FUNERAL DIRECTOR 1630 Edmondson Ave., Balto. Md Witzke Catonsville Funeral Home, P.A. 21228

23b. DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23d LOCATION
CITY OR TOWN
Baltimore

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Page 4 may be

ecuted within 24 hours

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

REGISTRAR				CERTIF	TORIL OI DE		REG. N	0.			
I. DECEASED NAME	FIRST	,	MIDDLE	i	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
TOPE ORPRINTS	Herbe	rt	F.	Coar	rd ·			9 2	4 8	1 503	1
3. SEX		4 RACE		5. DATE C			6 AGE IN YEARS LAST BIR		IF UNDER 1 YEA		
male		Cau		MONTH	DAY	0.8	73	YRS.	MONTHS DAY	YS HOURS	MM
To BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8			9 BALTIMORE CITY C		Y OF DEATH		
COUNTRY) Va		U.S.		1	D NEVER MA	ORCED	Balto	Co			
10 CITY OR TOWN O			HOSPITAL, NURSI	NG HOME C	The state of the s		120 USUAL OCCUPAT		126 KIND	OF BUSINE	55 O
a Elicination	Co		H FACILITY, GIVE STREE	T ADDRESS)			TYPE OF WORK FOR MOST O	F WORKING LI			
Baltimor USUAL RESIDENCE (			,		outh Av	е.	Retir	ed			
13e STATE	136 COUN	TY	13c CITY OR TOV		134 INSIDE CIT	Y LIMITS?	130 STREET ADDRESS				
Md.	В	alto.			YES 🗌	NO I	1345 Dar	tmout	h Ave.		
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	WE		60.00	LAST	
		?					?			LASI	
160 WAS DECEASED			166 SOCIAL SEC	URITY NO	17 INFORMAN	IT	ADDRI	55		EXX 24	
(YES, NO OR UNKNOW	N)   IF YES, GIVI	WAR OR DATES)			Day	ughter	A-2 Tr 18-				
				7		w6002			APPR	OXIMATE INTERVENIONSET AND I	VAL
PART I. DEA	TH WAS CAUSE	D BY	line for (a), (b), a	Tiar	10	a pet	-		BETWEE	EN ONSET AND	DEATH
11.	IMMEDIAT	E CAUSE (o)	C/1014	11/ -	/7//	116 2 1			2010	noten.	7
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	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO				INAL DISEASE OR CON				
3 /d10	nath	, Hue	DADARY	a thu	801 MI	Som					
IN DATE OF OIL	RERATION	196 COND	TION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		S, WERE FINE		
E							YES T NOT		FYING CAUS	SES OF DEATH	
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00.000.00.00.00.00.00	CAUSE OF DEA		M. MONTH	AY YEAR		oni occoni	(civilarione or moo	., ., ., ., .,	7 441 7 947 441 2	,	
2	MEDICAL EXAMINER)	P./		19							
21d. INJURY OC		21e PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION		CITY OR TO	MM	COUNTY	ST	ATE
	AT WORK				lini	81	01	211	10,		
220 L certify the	at (1) (this hospi	tal) attendes the	e dangegred/fram.	10,0	////	. 190	, to	0-7	19	_, that (I) (v	ve) lo
saw the de	ceased olive on	withe body	aller death	8	nd that in (my) (e	our) opinion	death accurred on the d	ate and hou	ur and from t	he couses sta	ited
726. SIGNATUR		N	7		DEGREE				22c. DA	JE SIGNED	
GNA	my +	lare	336	m	M. AT	TENDING L	MEDICAL STA	FF TIAN [	9/0	25/81	
714 BHYS ETAN	S MAME (TYPE O	RPRINT)	11	///	22e ADDRESS		A PHISK	1	1.7		
11.77	/		10077	10	I-AIN		2001 B.11	to W	100	1111	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial,

ATTENDING PHYSICIAN:

retained by the hospital or TO HOSPITAL OR

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows

230 BURIAL, CREMATION/REMOVAL (SPECIFY) Burial 9/28/81

236. DATE

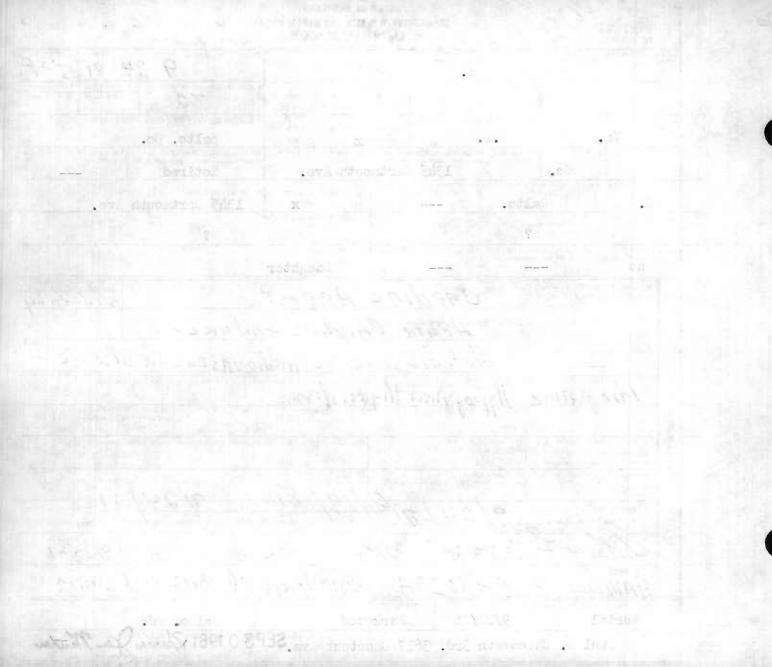
23c. NAME OF CEMETERY OR CREMATORY Parkwood

23d LOCATION CITY OR TOWN Balto & Md.

COUNTY

STATE

24 FUNERAL DIRECTOR NAME Paul Chenoweth 3rdomss3617 Chestnut



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-9 19 81 JAMES 19 4. RACE SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS YEAR DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 19 81 9a male white July 9, 1945 DEAD 36 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED DIVORCED Baltimore County ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Merrymans Mill Rd Cockevsville Controller A.J. Buck Company (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Harford Norrisville YES \_ NO T 2723 Meadow Tree Drive Maryland URS AFTER DEATH. IF B. GIVE PAGES 1, 2 WITH FORM PM 3 IT. PAGES 1 AND 2 DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Cochran, Sr. C. James Jean Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS HE YES GIVE WAR OR DATES! 1964 - 1967 217-46-1218 Diane M. Cochran Same as #13. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURIAL, YES X NO [ 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH MEDICAL PRIOR 9-19- 1981 Driver in auto/auto collision. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21E LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEFINANCE, MARYLAND, 21201 PI NOT WHILE STREET, FACTORY, FARM, ETC.) Balto. Merrymans Mill Rd. Md. road AT WORK 220. I certify that I taok charge of the remains described above, held on Inspection Accident X deoth resulted from Notural couses Undetermined monner TITLE (SPECIFY) ACTUAL DATE 9-19-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixbn. 111 Penn St. TYPE OR PRINT 73x BURIAL CREMATION REMOVAL 23b. DATE TIC NAME OF CEMETERY OR CREMATORY 736 LOCATION Balto., Md. Sept. 23, 1981 Dulaney Valley Cemetery Burial Cockeysville BP 24 FUNERAL DIRECTOR 1050 York Road **DHMH-17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 2/80

STATE OF MARYLAND

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 injury, or other troumatic event, the

should be detached for use as the burial-transit permit. Then pleas, remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval use as the burial-transit permit. Then

etoined by the hospital or attending physician.

MPORTANT: If Item 21 is marked or Item 18 shows ony

may be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				B:
	I. DE	CEASED NAME OR PRINTS	Myrl		M arie	COLI	BURN	20 DATE OF D	EATH MONTH	30	YEAR 8/	26 HOUR	0
	3 SE			4 RACE Caucasi		5. DATE O	OF BIRTH		RS LAST BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER 2	
D	7a B1	RTHPLACE (STATE OF COUNTRY)	R FOREIGN		WHAT COUNTRY?	9	D X NEVER MARRIED	9 BALTIMOR	ECITY OR COU	NTY OF D			MD.
1	Ra	ty or town of de andallstow	n	Baltimo	re Count	ADDRESS)  y Gene	or other institution eral Hospital	12a. USUAL O	CCUPATION ORMOST OF WORKI	126		F BUSINES	
5	130. S Ma	AL RESIDENCE (IF NUR STATE Cryland	13b COUP Balt	ATY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET AU	lays Lar	ie 2	2120	7	
0		Ernest		MIDDLE	Churchi	11	15. MOTHER'S MAIDEN NA Minnie		WIDDLE	CZz	ine IAS	r	
		VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	214-24-		17. INFORMANT Arth 7600 Clays L		lto., Mo	Colbi 1. 212			
	NO	Conditions, if ony gave rise to im couse (a), stati underlying caus	y, which imediate ing the e lost.	(b)	R AS A CONSEQUE	ENCE OF HOCE ENCE OF 45C	ndeathCovolute Theory  VD.  NOT RELATED TO THE TERM	tion			0	u ks non	· ·
1	CERTIFICATION	19a DATE OF OPERA				OPERATIO	n was performed	-	NO IN CE	YES, WER RTIFYING YES [	CAUSES	GS USED OF DEATH	1?
	MEDICAL CE	21a. ACCIDENT WAS UNOR CONTRIBUTING   (IF EITHER, NOTIFY MED  21d. IN JURY OCCUB  WHILE NOTIFY AT WORK  22a.1 certify that (I sow the decention of the decentio	CAUSE OF DEAL READ PLANT CAUSE OF DEAL EXAMINEE RRED PARK (1) (this haspi	21e. PLACE ( (AT HOME, STR  tal) attended the	M. MONTH D. M. OF INJURY GEET, FACTORY, OFFICE, F George deceased from 19 3 General Control Co	ARMLETC)	216. HOW INJURY OCCUR  216. LOCATION STREET  7 , 19 7  and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS	, to	9/30 on the date and	co , 19	DUNITY		e) lost
	23a B	URIAL, CREMATION SPECIFY) Burial		23b. DATE 10-3-8			EMETERY OR CREMATORY  Cemetery	23d. LOCATI		ltimo	öre	Mary	

24 FUNERAL DIRECTOR Loring Byers Funeral Directors P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 2

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR:

a set of the ladge houset is the A STATE OF THE STA The state of the state of Color to the transfer of the t

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE

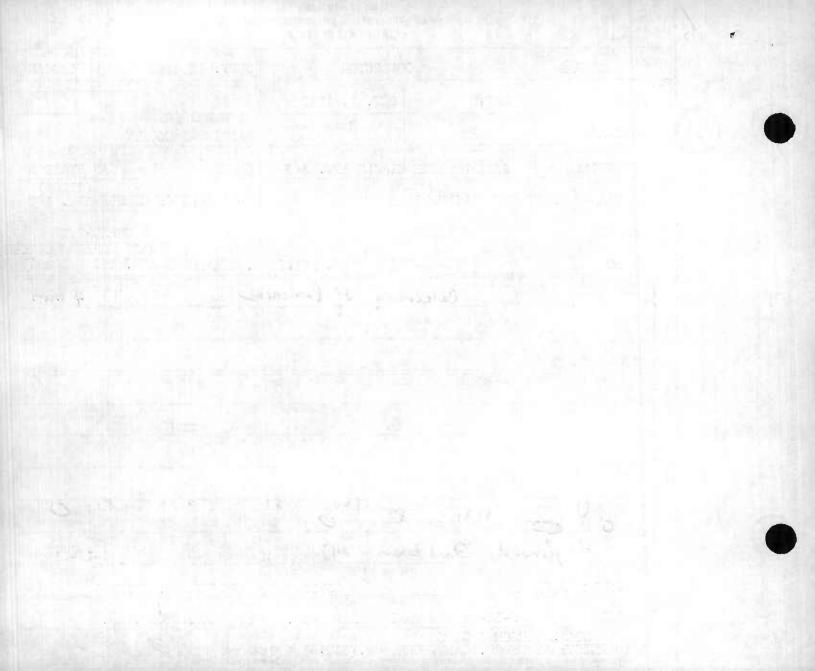
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REGISTRAR

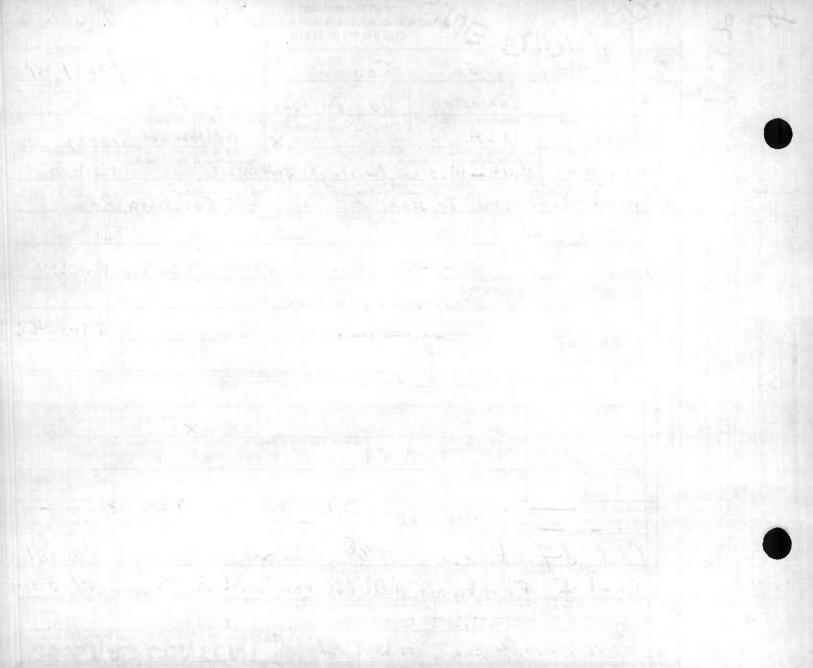
DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20. DATE OF DEATH MONTH 26 HOUR COLLECTOR SEPT. 13,1981 1:40AM 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 MRS OCT. 1, 1912 YEAR WHITE 68 THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA BALTIMORE COUNTY WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR GAS STATION 4621 HORIZON CIRCLE APT. 102 OWNER (21208)PIKESVILLE 13d INSIDE CITY LIMITS? 4621 HORIZON CIRCLE APT. 102 YES X 15 MOTHER'S MAIDEN NAME COLLECTOR LEAH BERKOWITZ ADDRESS 4621 HORIZON CIRCLE 166 SOCIAL SECURITY NO. 17. INFORMANT MRS. MOLLIE H. COLLECTOR APT. 102 ( 21208) 215-03-7419 Carcinoma my DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.) 20 and that in my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22C DATE SIGNED ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 9-14-81 22e ADDRESS 6715 PARK HEIGHTS AVE. (21215) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BNAI ISRAEL CEM. BALTIMORE, MD. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

9-14-81 74 FUNERAL DIRECTO SOL LEVINSON & BROS BALTIMORE, MD. (21215)



				STATE OF MARYLA	IND	Ale .	0 0	ALL BURNES
7	1	FOR STATE	DEPART	CERTIFICATE OF D		1E 8 1	223	3 3 4
"		REGISTRAR		CERTIFICATE OF D	EAIN	REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH MON	NTH / DAY /YEAR	2b. HOUR
(8)	(TYP	Mary Mary	G.	Connin		9	1/20/1981	1:45Pm
FIRE	3. SE		4 RACE	5 DATE OF BIRTH	4	AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR	IF UNDER 24 HRS
1		F	Cancacian	MONTH DAY	1925	5-5	MONTHS DAYS	HOURS MIN
1 1	7a B	IRTHPLACE ISTATE OR FOREIGN	IN CITIZEN OF WHAT COUNTRY?		- 0	BALTIMORE CITY OR C		
9/		OUNTRY) VIRGINIA	USA.	MARRIED NEVER A	VORCED TO	0 11:	one Count	Ly MD
2	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INST	ITUTION 12	. USUAL OCCUPATION	126. KIND O	OF BUSINESS OR
270		Nozwo	Multim Medic	al Navsing		TARIFF DEPI		ROAD
声うと		AL RESIDENCE (IF NURSING HOME OR STATE 134 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c CITY OR TOW		ITY LIMITS? 13	e. STREET ADDRESS	, 20	
20	IN	anyland Balt	imore Tows	on YES [	NO 🗌	400 Carol	ina Rd.	
	14. F.	ATHER'S NAME			MAIDEN NAME			
30		THOMAS 3	GROOME		SARAH	MIDDLE B.	REVE	
100	140.3	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 160 SOCIAL SECU	RITY NO. 17 INFORMA		ADDRESS	I/E VE	KE
1			WAR OR DATES)					
V	$\square$	nknown	229-28-0	725 MRS. N	WELL G. C	CRAFT 400 CA		21204
		IL CAUSE OF DEATH (Enter on	y ane cause per line far (a), (b), an	dictil,			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY DO = ai	N 6.1	uve			
		1/ 5 C	E CAUSE (a)	avory (a)	urt			
		1627	DUE TO, OR AS A CONSEQUE	NCE OF			_	nouths
		Conditions, if ony, which	( 16) Lung	cancer			5 1	MOUTUS
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSCOUL	INCE OF				
		underlying cause last	DOE TO, OK AS A CONSCOOL	1402 01				
		DARY 2 COLUER SIGNIFICANTS	(c)	NEATH BUT NOT BELLETO	10 111 150		CALCONIES DI BARY I	
any injury,	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINA	AL DISEASE OR CONDILI	ON GIVEN IN PART TO	31
ē —	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS DEREC	PAAED I	20a AUTOPSY? 20	DE IF YES, WERE FINDIN	NGS LISED
2	5	DATE OF OPERATION	THE CONDITION FOR WITHEIT	OFERALION WAS FERIO	KMED	II.	CERTIFYING CAUSES	
X	1 =					YES NO NO	YES 🗌	NO 🗌
9	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
1	₹	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	19				
•	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATIO	N			
	ME		(AT HOME, STREET, FACTORY, OFFICE, F		A CALL	CITY OR TOWN	COUNTY	STATE
	1	AT WORK AT WORK						
	l	220 I certify that (I) (this heapit	<del>all</del> attended the deceased from _	9/17	2, 19 8	., to 9/3	20, 19 81	that (I) (we) lost
		sow the deceased alive on.		and that in (my)	(our) Dpinion dea	th occurred on the date	and hour and Iram the	couses stated
		abave, (1) (ma) (did) ( <del>did not</del> 22b. SIGNATURE	tiew the body affer death.	DEGREE			22c DATE	SIGNED 4
	1		7 ()	161	TTENDING _ /	MEDICAL STAFF		20/01
		al at	wedness.	Una	PHYSICIAN 3	SIRECTOR PHYSICIAN	· 0 91.	20/81
1		224. PHYSICIAN'S NAME (TYPE OF	PRINT)	22R ADDRES	5	SIAA	/	
1		Carl	Friedman	mD 660	Konily	oth Dr. T	DIVICION MI	1 21704
1	22	00111		111.0, 000	1(67)110	In location	000000000000000000000000000000000000000	
	730.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR	LEMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
		CREMATION	SEPT.21,1981	GREEN MOUNT	CEM. OF		-	MD.
	24. F	UNERAL DIRECTOR	10111		250. DATE RI	EC'D BY REGISTRAR 25h	REGISTRAR'S SIGNAT	URE
25M 1/79	1 1	nitchell. Whee	refeld Home 55	00 Your Rd		1991	Anna Carlotte	And the second
	1	10	11 000				-	



6 3	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	. 2 2	631		
		CEASED NAME FIRE OR PRINT)	ST	MIDDLE	L	AS1		MONTH DAY YE	AR 2b. HOUR		
		OKYROVI)	EMORY	HOWARD	CO		September	8, 1981	6:00p м		
	3. SE	Male	4. RACE	te	5. DATE C	6, 1927 YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I MONTHS &	YEAR IF UNDER 24 HRS		
See 77		IRTHPLACE (STATE OR FOREIG	7b. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE	DE DIVORCED	9. Baltimore city o Baltimore		MD.		
s ofter d by the fulled with	100	ssville 212	4 4 10 1 10 2 1 1 1 1	HOSPITAL, NURSIN		R OTHER INSTITUTION	Parphoer Most o	ON F WORKING LIFE) Sinds	nd of Business or		
filled in falled in aculd be f	130	AL RESIDENCE (IF NURSINGH STALE ryland	ome or other institution county of altimore	13c. ETSSEX		13d. INSIDE CITY LIMITS? YES NO XX	13e. SPREEL ADDRESS Dunw	ich Way			
completely and 2 sh	14. F.	ATHER'S NAME FIRST Ambers	Burt C	ook		15. MOTHER'S MAIDEN NAM	Evelyn MDWic	dener	LAST		
n and co		WAS DECEASED EVER IN U (YES, NO OR UNKNOWN)  [IE	S. ARMED FORCES? YES GIVE WAR OR DATES)	227 24 6		17. INFORMANT Retha J. cook	ADDRE ADDRE	Same			
that the death certificate by the attending physicilease remave carbon paper idi, cremotian, ar removal, or attending a content troumatic event, the		Conditions, if ony, who gove rise to immedia couse (0), stoting	AUSED BY:  AEDIATE CAUSE (o)  DUE TO, C  ich (b)  pte	Massive	Gast a wit	rointestinal I h underlying N C			PROXIMATE INTERVAL LEEN ONSET AND DEATH		
equires n signec Then pla ta buri	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
on. has bee t permit. iene prior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20¢ AUTOPSY?  YES ■ NO□	20b. IF YES, WERE FILIN CERTIFYING CALL			
HYSICIAN: T ding physici is certificate burial-transi Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A	.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAR	7 2)		
or attendia	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	WN COUNT	Y STATE		
TTENDIN spital ar STOR: At far use af Affecti af Healt		220.1 certify that X (this sow the deceases of	hospital) attended the Septem	Ber 8	Augus 81 . or	$rac{t.~26}{t.~26}$ , 19 $rac{81}{t.~26}$ (our) opinion d		er 8 , 19 81 ste and hour and from	the couses stated		
by the has by the has be detached Stote Dept.		226. SIGN LATURE (	14. []	th	M		MEDICAL STAF	10	881		
D HOSPITAL trained by the O FUNERAL hould be definithe Stote		22d. PHYSIGIAN'S NAME KONA (C	PE OR POINT)	3 lock		9000 Frank	klin Square	Drive 212	37		

DHMH-16 30M 2/80 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Belair Memorial Gardens corbeins, Maryland

STATE

1407 Old Eastern Ave 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

white Net 6, 1927 St E despuis contract of the cont Figure 17 to 18 1 to 18 18 World ormanical interior Amberta Durt Gook Start Brains - Same Park wast 227 2 fly wein J. cook, wife bare torily of the carries are the fermion of the

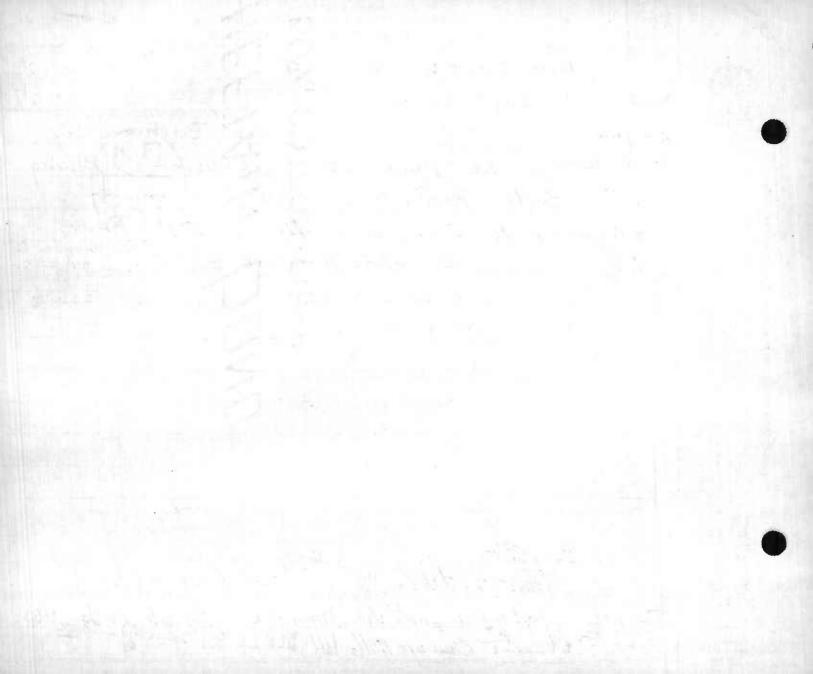
TREE SECRETARY  TREE SECRETARY	1	FOR STATE		DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8	2	2 0	3 2
SERIHARE   STATE OF BETTH   SOUTH   DAY   STATE   ST					CERTIF	ICATE OF DEATH	DEG. N			
1 SEX FEMALE   SALE CANDIDATE   SALE CANDEL STATE   SALE CANDIDATE   SALE CANDEL STATE   SALE CANDEL STATE CA				MIDDLE		LAST			Y YEAR	2b. HOUR
BERNALE   WHITE   Jan. 18, 1900   81   YES   MONTON   1800   PARK   Jan. 18, 1900   81   YES   MARRIED   NEVER MARRED   BALTIMORE COUNTY OF DEATH   WOOMED   MONTON FOR EAST   WOOMED   MONTON FOR EAST   WOOMED   MONTON FOR EAST   WOOMED   MONTON FOR EAST   WOOMED		FAN	NIE	M	Co	OK	Sout. 5	20,1	981	
BERHAILE   No. CHIZEN OF WHAT COUNTRY?   Jan. 18, 1900   81   YES	3. SE.	X	4 RACE	10 A			6. AGE (IN YEARS LAST BIR			_
BERTAL CE (STATE OF STATE OF		FEMALE	WHITE				81		NIH5 DATS	HOURS MIN
Manyland   U.S.A.   WOOWED   DNORCE   Baltimore County   MID CHIVOR DEATH   11. NAME OF FIGSPITAL NUSSING HOME OR OTHER INSTITUTION   The USUAL DECLETATION   The USUAL DECL	la Bi	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER HARRIED	9 BALTIMORE CITY		FDEATH	
18. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   17. PROFINE TO BE SOON OF HOSPITAL   18. PROFILE THE MORE OF HUSENESS OR H			II.S.A				Baltimore	Count	7.1	
Randallstown Balto. Co. General Hospital Home Maker  USUAL RESIDENCE (9 Marks DENCE 19 Marks DEN	10. C		11. NAME OF	HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPAT	ON	126. KIND C	
USUAL RESIDENCE (# MASPAGE   DO COPE MODITION OF A SOUTH STORM   136 MS STATE   Manual and   136 MS STATE   Manual and   136 MS STATE   MS COUNTY   MS		Randalleton				Joens tal			INDUSTRY	
Maryland Balto. Rockdale VES NOTE 3628 Yennar Ia. Apt. 2B  14. FAITHER'S NAME PROTECTION OF THE PROPERTY OF THE PROPERTY OF THE PROTECTION OF THE PROTECTION OF THE PROPERTY O	USU	AL RESIDENCE (JENURSING HOLD)	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	ospiui				
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Hearty   Ritter   Stella   Montgomery   Mo			0.	поскаате		- VE		u. na. 1	Apt. 2	SD
NO CONTRIBUTION OF PRATION    19 CONDITION FOR WHICH OPERATION WAS PERFORMED   218 - MOUNT   218 - M		FIRST	MIDDLE			FIRST		Mon	taomer	ST (27.)
SCAUSE OF DEATH Enter only one couse per line for 101, (b) and (c)		VAS DECEASED EVER IN U.S. A	RMED FORCES?		IRITY NO.		340 PR	SST/2110	Mana	Rd
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220. I certify that (I) (this hospital) attwork at work at wor		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR				
sow the deceared live on 9-20, 19 91, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death.  DEGREE  2726. PHYSICIAN'S NAME (TYPE OR PRINT)  PHYSICIAN'S NAME (TYPE OR PRINT)  PHYSICIAN'S NAME (TYPE OR PRINT)  2726. ADDRESS  PAULIS Country  2736. BURIAL, CREMATION, REMOVAL 236. DATE  2737. NAME OF CEMETERY OR CREMATORY  2738. LOCATION	MEDI		21e. PŁACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  CHASSEM POUR NOTABBED BOLLS.  23d. BURIAL, CREMATION, REMOVAL 123b. DATE  23d. NAME OF CEMETERY OR CREMATORY  123d. LOCATION		sow the deceased live or obove, (1) (we (did)(did n		ofter death.	\$11_, or	d that in (my) (our) opinion o	, to 9 -	2.0, 19 ate and hour o	nd from the	couses stated
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  CHAS SEM POUR NOTABBE Balls. Combs Com- Konjular  23d. BURIAL, CREMATION, REMOVAL 123b. DATE 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION		5 Kone So	Jamas	لسلاهات	1 ~				9-	20-81
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION		22d PHYSICIAN'S NAME (TYPE		MOTAB	UED (	22e ADDRESS		7		
	23a. B	SPECIFY)					23d LOCATION			
24 FUNERAL DIRECTOR TOPPING RUONS FUNERAL DIRECTORS [250. DATE REC'D. BY REGISTRAR 251-PIGISTRAR AND ALLER FOR THE PROPERTY OF	87	UNERAL DIRECTOR Lorin 228 Liberty Rd.	g byers Randall	stown, Mo	d. 213	133 S	EP 21 1981	CHANCE	Jan	- Mulle

DHMH-16 50M 1/81 (VRA 15, 4)

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1	STATE OF MARYLAND	00033
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS    STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEG.	2 2 0 0
1.	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. I  DECEASED NAME  FIRST  MIDDLE  LAST  20. DATE KNOWN	
	TYPE OR PRINT)  OF ESTI- DEATH MATED	9/10 198/ 27
	ALE White July 12, 1936 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD	9/10 DAY FEAR 28 HOU
5	MARYLAND U.S.A. WIDOWED DIVORCED BATT	OR COUNTY OF DEATH
17	CITY OR JOWN OF DEATH  II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  TO MAIN  ST.  120. USUAL OCCUPATION (1)  LOR MOST OF WORKING LIFE)  LABOREL	TYPE OF WORK 126. KIND OF BUSINESS PARINDUSTRY PAVING
130	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. GOUNTY  136. STREET ADDRESS  NO DE 30 MA	in St.
1	RAYMOND MIDDLE A. COOK SV. 15. MOTHER'S MAIDEN NAME FIRST PLEELEN ENDIEP.	BAER
160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, PRUNKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 17. INFORMANT 215-32-9258 Helen Cook Reister	steen, Md Z1136
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CONVUSTION DISORDER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	3030 DUE TO, OR AS A CONSEQUENCE OF	2
-	gove rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) Charles M  (b) Charles M  DUE TO, OR AS A CONSEQUENCE OF	2019.010
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
2	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?	I20 AUTOPSY?
1 29	THE CONDITION FOR WHICH OPERATION WAS PERFORMED!	YES NO
NOITE STATE OF THE PARTY OF THE	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M. 19	
New York	216 INJURY OCCURRED  210 PLACE OF INJURY (AT HOME. 21f. LOCATION  STREET, FACTORY, FARM, ETC.)  216 LOCATION  STREET CITY OR TOWN	COUNTY STATE
MOTA DISTAGRAN		and in my apinian
1 23	death resulted fram: Natural causes ]. Accident   , Suicide   , Hamicide   Undetermined manner   TITLE (SPECIFY)	h
7	SIGNATURE MOUSTELLEN M.D. Depoty MEDICAL EXAMINER	SIGNED 9/10/8
4	EXAMINER'S NAME STANLEY 2. Felben by MD. ADDRESS 7039 Liberty &	10 3/207
23	BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF GENETERY OR CREMATORY. BUT LOCATION BURIAL SEPT. 12.981 LAKE VIEW MEGA. PART SERVES	BALL Mid
24	FUNERAL DIRECTOR DODRESS WILLIAM WILL LILL PAPERICO ENEGISTRAS ALLE	O Casarania
	14 / Centered County's Mills West	-



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FOR

- STATE

3. SEX

REGISTRAR DECEASED NAME TYPE OR PRINT

Male

COUNTRY Pennsylvania

3a. STATE

Md.

4. FATHER'S NAME

BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Baltimore

21d INJURY OCCURRED

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

220.1 certify that (1) (this hospital) ottended the deceased from

saw the deceased olive on abave, (I) (we) (did) (did nat) view the body after deat

John

4 RACE

USA

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

MIDDLE

136 COUNTY

Balto.

White

THE CITIZEN OF WHAT COUNTRY?

21e. PLACE OF INJURY

Sept

23b. DATE

9/22/81

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia Rd.SEP

STATE OF MARYLAND

12

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Joseph

9023 Perring Park Rd.

13c. CITY OR TOWN

Baltimore

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES [

13d. INSIDE CITY LIMITS

15 MOTHER'S MAIDEN

1927

	REG. N	٧٥.				
	2a. DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	JR
		9	17	81	8.0	DO PA
	6 AGE (IN YEARS LAST B	IRTHDAY)	_	DER I YEAR	IF UNDER	_
	53	YRS	MONT	HS DAYS	HOURS	MIN,
	9 BALTIMORE CITY	OR COUNT	YOF	DEATH		
	Baltimor	e Co	unt	У		W
	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			2b. KIND O	F BUSINI	ESS OR
	Insurance		LIFE) II	Insu	ranc	е
	13e. STREET ADDRESS		Ba	ltim		
	9023 Pe:	rring	Pa	rk R	oad	
NAA	ΛE					
e	Marie	D	als	ev		
na	h R. Cook	Rd.	, E	Balto. Peri	Mo	d. Pk
	inoma -				MATE INTE	RVAL
3	Primary	Y				
RM	NAL DISEASE OR COM	VDITION G	VEN I	V PART Ito		
	20a AUTOPSY?			RE FINDING CAUSES		

CITY OR TOWN

Havertown Delaware

and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stoted

DIRECTOR PHYSICIAN

23d LOCATION

COUNTY

22c. DATE SIGNED

STATE

John Joseph Cooke, Sr. Florenc 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN 199 16 4144 No Mrs. Hann 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF onditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NOF YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M

19

211 LOCATION

22e ADDRESS

March

DEGREE

230 NAME OF CEMETERY OR CREMATORY

St. Denis Cemetery

STREET

ATTENDING PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

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Løwell Lemmon, 10 W. Padonia Rd.

(VRA 15, 4)

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FOR - STATE

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CEDTIFICATE OF DEATH

La	2	0	Ú

				REG. NO.				
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR			
(1117)	Cather	ine C	Cooperstein	September 1	2, 1981 3:05			
3. SE)	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY				
1	Female	White	May 27, 1892	89	MONTHS DATS HOURS M			
7a BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
ŀ	Hungary	U.S.A.	WIDOWED X DIVORCED	Baltimore	County			
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS1	128. USUAL OCCUPATION	12b. KIND OF BUSINESS			
	Randallstown	A	onvalescent Center	Retired - 0	perator			
130 2	aryland	PROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 134, CITY OR TOWN Baltimo:	N 13d. INSIDE CITY LIMITS?	5600 Roxbur	y Place 21209			
14 FA	ATHER'S NAME Ben	Meisz Kampaxxxx	is. Mother's Maiden NA  Maria	WIDDIE	Kohn LAST			
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECUI	SOCIAL SECURITY NO. 17 INFORMANT ADDRESS					
	No	125-18-46	Mr. Thomas I	ulton, same a	s #13e			
	18 CAUSE OF DEATH (Enter of	only one couse per line for to), (b), one	F Less gut?		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
		( ( ) 10						
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	6	ON GIVEN IN PART 110			
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		200 AUTOPSY? 20b	I IF YES, WERE FINDINGS USED			
0	gove rise to immediate couse (O), stating the underlying couse lost.  PART? OTHER SIGNIFICANT  199. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH I  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  216. HOW INJURY OCCUR	200 AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)			
CAL	gove rise to immediate couse (D), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH I  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21i. LOCATION	200 AUTOPSY? 20b IN	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM 18, PART 1 OR PART 2)			
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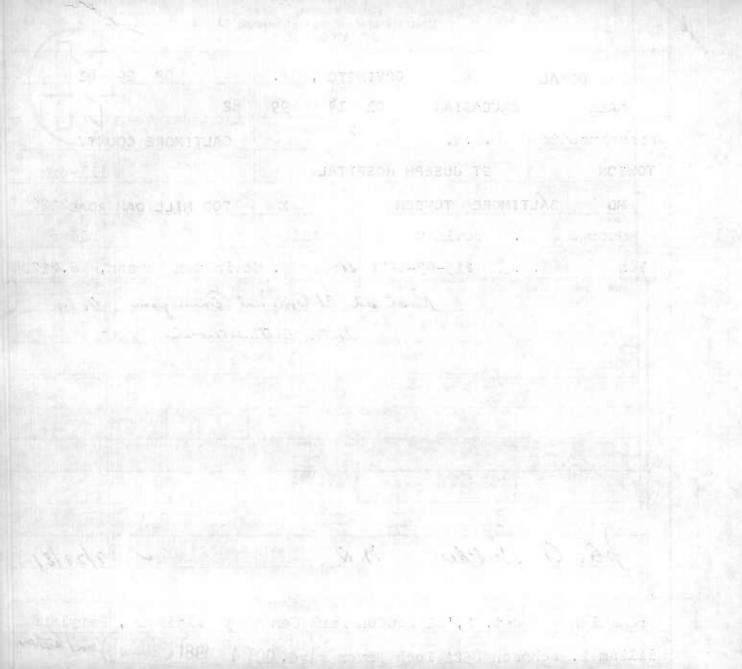
Cremation 9-14-81 Loudon Park Crematory
FUNERAL DIRECTOR
Ruck Towson Funeral Home, Inc. Towson, Md. 21204 24 FUNERAL DIRECTOR

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rter 13 Fmin	1	STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 1 2	2 6 3 /
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W. PRESTON ST., at the death certific by the attending ph se remove corbono cremotian, or remo		Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause last.	DUE TO, OR AS A CONSEQ	LENCE OF PHENCE CL	<i>)</i> A.	BETWEEN ONSET AND DEATH  ZY W.
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ON OF VITAL RE IYSICIAN: The le ding physician. Is certificate has burial-transit per Mental Hygiener, or item 18 shows.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. P	
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		22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	LO SOTES
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DODO RP	1	BURIAL, CREMATION, REMOVAL SPECIFY)  Irial		NAME OF CEMETERY OR CREMATORY	23d LOCATION City or town Chicopee	COUNTY Mass.
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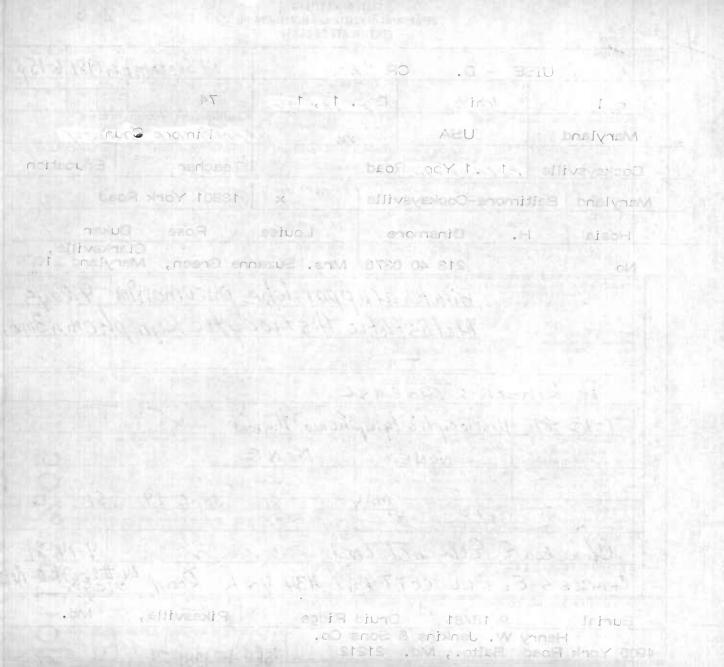
16	1	FOR - STATE REGISTRAR	DEPAI		HEALTH AND MENTAL H FICATE OF DEATH	YGIENE U I	6 6	20	3 0
		CEASED NAME FIRST	MIDDLE		LAS1	2a DATE OF DEATH	MONTH DAY	YEAR 2	2b. HOUR
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300	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		9. BALTIMORE CITY		DEATH	
300	Ma	assachusetts	U.S.A.	WIDOW	ED NEVER MARRIED		ORE COL	UNTY	
31,	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	ION I	12b. KIND OF	BUSINESS
20		TOWSON	ST JOSEP		PITAL	(TYPE OF WORK FOR MOST	DE WORKING LIFE)	Millw	ork
BE	130	STATE 136 COL	DROTHER INSTITUTION GIVE RESIDENCE BER UNTY 130 CITY OR TO	NWC	136. INSIDE CITY LIMITS?	130 STREET ADDRESS	LL DAM	ROAD	21204
E on	14 F.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN				
\$56		George	H. Covingto	on	Alice	WIDDLE		Rid	er
O I		WAS DECEASED EVER IN U.S. A			17. INFORMANT	ADD			
med		YES NOOR UNKNOWN) (IF YES G	W. 1 215-03	-0470	Jeanne E.	Covington	Towsor	n, Md	.2120
the contract of		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b)	and Ic				APPROXIMA BETWEEN ON	ATE INTERVAL
vent			ATE CAUSE (b)	entine	1. abolonie	nel aneus		1/2 6	
, u		1/1/10	ATE CAUSE (8)	1		, 40. 00 , 00.00	Jane.	120	-
mat		74/3	DUE TO, OR AS A CONSEC	DUENCE OF	L'abdone antic air	- 1.			
001		Conditions, if Thy, which gove rise to immediate	(b)		dorle an	evorter is			
Jer 1		couse (o), stoting the	DUE TO, OR AS A CONSEC	DUENCE OF					
10		underlying couse lost	(c)						
njury, o	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	IDITION GIVEN I	IN PART 1(0)	
à C	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIC	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDING	SS USED
SM	Ĕ					YES NOT	IN CERTIFYING		
£ 7		210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJ		_	NO []
8 4		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		THE THE PARTY OF THE	AN IN THE TOTAL TO	ORTAKI E)	
= /	2	LIF EITHER NOTIFY MEDICAL EXAMINE		19					
Ö	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	E, FARM ETC ]	21f LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
orke		AT WORK NOT WHILE AT WORK					100		
S m		22a.1 certify that (1) (this hasp	oital) attended the deceased from	n		, to	. 19_	, the	ot (I) (we) lo
2		sow the deceased alive a	n19 ot; view the body ofter death.	, o	nd that in (my) (our) opinio	on death occurred on the c	iote and hour an	d from the co	uses stated
E		22b. SIGN TURE	of view the body offer deofn.		DEGREE			22c. DATE SI	GNED
±		The C	M. Tchell	h	ATTENDING		FF	0/20	la.
ž	1	2 d. Briysician's NAME LTYPE	1 001 000 .	//	PHYSICIAN	☐ DIRECTOR ☐ PHYSI	CIAN	7/29	18/
MPORTANI	192	MB. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
8									
2	23a.	BURIAL, CREMATION, REMOVA		. NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		DUALEN	
	0	remation	Oct. 2, 81	Loudo	n Park Cem	etery Balt	imore, °°	Mary.	land
/81	24 F	UNERAL DIRECTOR			25a D	ATE REC'D. BY REGISTRAF	256 REGISTRAR	SSIGNATO	Va There
	Wi	lliam E. Joh	nson 8521 Lo	ch Par			Trances	Hand	Inthone
	000	THE POLITICAL PROPERTY OF THE	TIPOTI O JET TIO	ull Ild	ACIT DIAGO	101 1001	1	tul.	



. 1	1.	FOR STATE REGISTRAR		DEPARTA	LENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2.	2 0	3 9
25 de		CEASED NAME FIRST AUGUS T		J.		AGHAN	20. DATE OF DEATH Septemb	MONTH DAY	YEAR 1981	26 HOUR
frer deat	3. SE		4 RACE		5. DATE C	DF BIRTH	6. AGE (IN YEARS LAST BIR		INDER 1 YEAR	IF UNDER 24 HRS
rs o		Male	White		Oct	bber 29, 1914	66	YRS.	DAIS	HING.
1 :21		RIHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY C Baltimo			
Settlied C	10 C	odgers Forge	11. NAME OF H		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Landscape	ION	125 KIND O	BUSINESS OR andscape
Seminer must be	130 S	AL RESIDENCE HE NURSING HOME C	PROTHER INSTITUTION.	GIVE RESIDENCE BEFORE 134. CITY OR TOW Rodgers	orge	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Cxomine 30	14 FA	THER'S NAME FIRST Augustine	MIDDLE J.	Creagha	n	15. MOTHER'S MAIDEN NA/ FIRST Lorette	WIDDLE	Flan	nery	
medical			RMED FORCES? IVE WAR OR DATES)  2	166 SOCIAL SECU 215-03-1		Miss Mary G.	Creaghan 1		arton	Road
or to burial, cremation, or removol rinjury, or ather troumotic event, t	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  AND MILE COMMITTEE COMMI	DUE TO, OF		NCE OF.				IN PART 110	
Hygiene prior	CERTIFICATION	190 DATE OF OPERATION		THE .	OPERATIO	N WAS PERFORMED	200 AUTÓPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES	GS USED OF DEATH? NO
Mentol Hygie or Item 18 sho	MEDICAL CE	? (a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
aith and M morked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
state Dept. of He		220. I certify that (I) (this was sow the deceased alive on above, (I) (we) (did) (did of 27b. SIGNATURE)	view the body	^		DEGREE  ATTENDING PHYSICIAN  Trie ADDRESS	, to, to	ate and hour or		
MPORT,		Edward F. Co	otter, M			1900 E. N	orthern Par	kway		
		SPECIFY Burial	236. DATE 9-18-	1981 S	t. Ch	emetery or crematory narles Church		sville	утине Ма	ryland
OM 1/81 i, 4)	Ru Ru	ck Towson Fune	ral Home	, Inc. To	.050 Y	ork Road 250 DATE Maryland S	REC'D. BY REGISTRAR	256 REGISTRAF	1 1/2	Warthen

American Company of the Company of t ALL STREET STREET SHOWING TO SHOW THE TANK AND THE STREET STREET

6 1	1-MATE	DEPARTMENT OF HEALT	MARYLAND 'H AND MENTAL HYGIEI TE OF DEATH	NE 3 1	2 2 0 4 0
o y	REGISTRAR			REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	2	a. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
4 600	LOU		Addition to	14 septeh	
4 94	1. SEX	4 RACE 5. DATE OF BIF	18°, 1966	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	Female  To. BIRTHPLACE (STATE OR FOREIGN			Y	RS.
新版》 13.4	COUNTRY)  Maryland		NEVER MARRIED	BALTIMORE CITY OR COU	
(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OT		Baltimore (	12b. KIND OF BUSINESS OR
O Company	Cockeysville	13801 York Road	TIER HASTINGTION	TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY Education
MD 212	13a STATE 13b C	11 1	INSIDE CITY LIMITS? 13	13801 York	Road
3 1 15 1-	14 FATHER'S NAME		NOTHER'S MAIDEN NAME		
MAR omple on O mode	Hos <b>i</b> a	H. Dinsmore	Louise	Rose	Duker LAST
ORE, xecu	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR CLATES)	NFORMANT		Clarksville,
TIMO Do o o s. Po	No	213 40 0376 N	Ars. Suzanr	ne Green, M	Maryland 21029
, 201 W. PRESTON ST. res that the death certifund by the attending policies remove carbon, or remound, or remover, or or other traumatic every, or other traumatic every.	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	PRINT TOBE	y the Lyn	n phoma 3mo.
RECORDS, low requir los been sig	in tark	nson's disease			
	190 DATE OF OPERATION 7-13-8 210. ACCIDENT WAS UNDERLYING	Histocytic lymph	Ona Thura		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO}  \text{\text{T}}
DF VITA  LIAN: T physici physici rificate al-transi nal Hygi m 18 sh	OR CONTRIBUTION CAUSE O	DEATH HOUR A.M. MONTH, DAY YEAR	HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)
DIVISION OF VITAL  NG PHYSICIAN: The offer this certificate h os the burial-transit p th and Mental Hygier th and Mental Byby	GIF EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK		LOCATION	CITY OR TOWN	COUNTY STATE
DIV NDING I ar at I ar at Use as I dealth	22a I certify that (I) (the	exputal) attended, the deceased from	, 19.8/	. to Sept. 14	19_ <b>8</b> /, that (I) ( <b>%e</b> ) lost
CTO CTO d for of the m 21		Leat) view the body after death.		ath occurred an the date and	hour and from the causes stated
the hor the hor the hor the hor the hor tree etachece etacher.	22b. SIGNATURE	es E. Estroff Lyv	_	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9-14-81
TO HOSPIT. etained by TO FUNER, should be d with the Sto	22d. PHYSICIAN'S NAME (T	E, ELLICOTT NE	ADDRESS 1134 Yor	K Road	Lutterville ND
of of other Market	23a BURIAL, CREMATION, REMO	VAL 236 DATE 23c. NAME OF CEME	ERY OR CREMATORY	234. LOCATION	COUNTY
ВР	Bur <b>i</b> al	9/18/81 Druid F	Ridge	Pikesville,	Md. STATE
DHMH - 16 50M 7/77		nry W. Jenkins & Sons		EC'D. BY REGISTRAR 25% RE	GISTRAR'S SIGNATURE
(VR A 15 (4))		ad Balto., Md. 21212		174004 71	Or one



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1	- STATE	DAD		M		EXAMIN							-	6	0 4	
1	DECEASE	NAME	FIRST		WIDDLE		ER 3 C	LAST			o. DATE		NO.	ONTH	DAY YEAR	2b HOUI
ŀ	(TYPE OR PRIN	4T)	Cha	arles		Freder	ick	(	Cutter		OF	ESTI-		9	419 81	
3	SEX	4. R.	ACE	5. DATE OF BIRT	Н	6. AGE (IN YE	RS IF UNI	DER I YR.	IF UNDER	24 HRS.	c DATE			НТИС	DAY YEAR	2d HOUI
١	_m a	le V	White	6 26	1936	LAST BIRTHD		DAYS	HOURS	MIN.	RONOU	NCED		9	4 19 81	1872
19	a. BIRTHPLA	ACE (STATE O	OR .	76. CITIZEN OF	WHAT COU	NTRY?	8	ED I NE	VED MADDI	ED []	BALTIA	AORE CI	TY OR C	OUNTY	OF DEATH	pm
		ryland		U.S.	A.		WIDOWI		DIVORC			Bal	timo	re	County	
7	D CITY OR	TOWN OF D	DEATH	11. NAME OF H	OSPITAL, N	URSING HOME	, OR OTHE	ER INSTITU	TION .		AL OCCU	PATION	(TYPE OF V	NORK 12	2b. KIND OF B OR INDUS	USINESS
1	Ess	ex		2900B1k	East	ern Bly				and the second of				iene	ral Mo	tors
	3a. STATE		13b. COUN	OR OTHER INSTITUTION	13c. €11	Y OR TOWN	ON)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRI	ESS	Bal	time	ore. Mi	1.
-	Maryl		Balt	imore	Ba	ltimore		YES 🔀	NO 🗆		Carr	roll	rood	Rd.	21220	)
ľ	4. FATHER'S	rles:		MIDDLE	Contract	LAST		15. MOTHE	R'S MAIDE IRST	NAME	3.6	MIDDLE	34.35		LAST	
-			FRINUS AR	MED FORCES?	Cut	CIAL SECURIT	(NO	17. INFORA			М.	ADDE		enzi	.6:	
1	(YES, NO, O	R UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	12.4	-34-461			Kare	(		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
F		AUSE OF DE	ATH (Enter or	nly ane cause per !			0	LIT.S.	. Maire	in ou	0.081				APPROXIMA	TE INTERVAL
	P/	ARTIDEATH	I VA/AS CALICE	D BY:											BETWEEN ONS	ET AND DEATH
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	PART 2	ring cause la	- 400	(c)		NSEQUENCE (		OR CONDITIO	N GIVEN IN PAI	RT ] (a),						
	WEDICAL CERTIFICATION  19a D  21a E3  21a E3  21d IN  WHILL															
1	19a. D	ATE OF OPE	RATION	19b. CON	DITION FOI	R WHICH OPER	ATION W	AS PERFOR	MED?						20 AUTOPS	
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	UNDE	RLYING [	OR	HOUR 4	M. MONT	H DAY YEAR		OW INJURY								
I	21d. IN	JURY OCC	CAUSE OF			1/4 1981 Y (AT HOME.	21f. LOC	ver o	r aut	0/105	i co	ntro	1/10	riec	d over	eject
1	WHIL		OT WHILE		actory, FARM,		2000	REET RIK	Fact	arn F	CITY OR TO	Fcc	ev R	alto	o Co.,	MD
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1		OR PRINT)	NE .	Hormez		ard,M.I		ADDRESS_				t,Ba	ltim	ore	, MD 2	1201
2	3a.BURIAL,	CREMATION	N, REMOVAL			NAME OF CEA			ORY	23d. LO	CATION			COUNTY		STATE
1		rial		9/8/81	N	ckenzie	Cem	etery	16- P		zel		rret		aryland	
1	DinnerA	France	red Her	ne, 57 Fr	ESS A	The Day	ペエング	S Wa	250. DATE	ECD. BY	4001	AR 239	Tarie		In Planta	0
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A. E. U Banfyook

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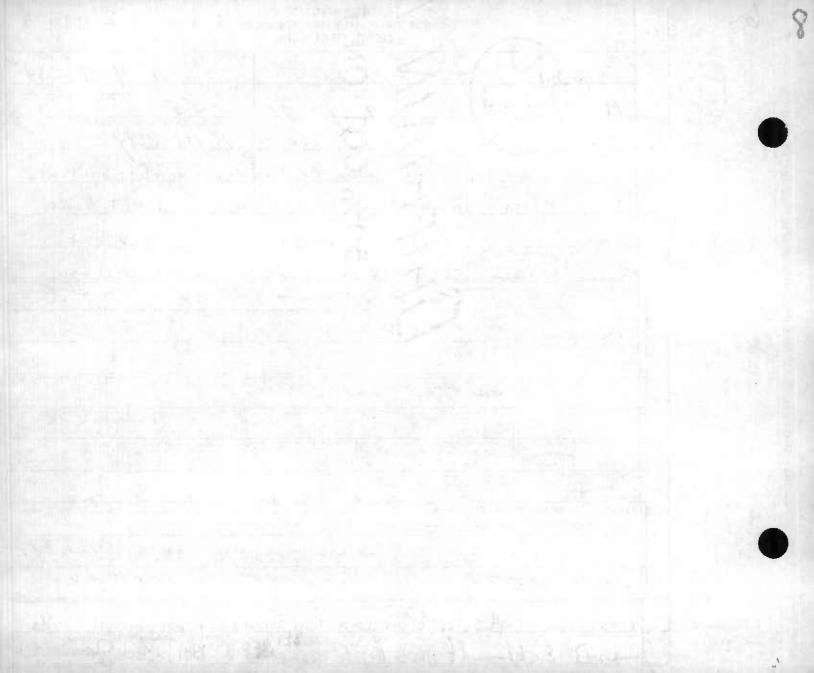
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9/8/81 Fowerzie Centrol Finnel Carret Partland

such amang lone, 37 Front Ave. Fronthome, 13. Cup Talant Jones

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8	6	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	ENE 6 I	2 2	6 4 3
	oy be		CEASED NAME FIRST	4. RACE	MIDDLE	Day 5. DATE OF	1Ko	20. DATE OF DEATH	9 4	YEAR 26. HOUR P 2.34 M
	nge 4 m		M	W		MONTH	13 25	55	YRS	DAYS HOURS MIN.
	leath. Po	10	OUNTRY)	16. CITIZEN OF	States	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	COUNTY OF DEA	MD.
201	ors offer of		TY OR TOWN OF DEATH	Greater	Balto.	Med	other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORLD INDL	CIND OF BUSINESS OR USTRY I. R.S
AND 21	y filled in though be	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 GOUN		131 CITY OR TOWN	N	YES NO P	130 STREET ADDRESS	d Heart	Lane
MARYI	ampletely continued (xordined)	14 FA	THER'S NAME FIRST	MIDDLE	Panko	1	IS. MOTHER'S MAIDEN NAM	ME MIDDLE	Playet	1a K
TIMORE,	be execution and constitution and consti		(AS DECEASED EVER IN U.S. ARIES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 20 7-18-	9325 S	Fleamor Dan	ADDRE 56 422 Sec	ss cred Heart	Lane
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the death certificated by the attending physicalease remove carbon paperial, cremation, or removal as other traumatic event, it		RATI. DEATH WAS CAUSE  Conditions, if ony, which gove rise to immediate couse io, stating the underlying couse lost.	DUE TO, C	OR AS A CONSEQUE	HANDE)	lence	shock		APPROXIMATE INJERVAL TWEEN ONSE AND DEATH
ORDS, 20	requires	ATION	PART 2 OTHER SIGNIFICANT O		ONTRIBUTING TO D	/				
AL REC	he lo	CERTIFICATION	196. DATE OF OPERATION	198 COND	IIION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
N OF VIT	SICIAN og phys certifica rial-tra ental Hy frem 18	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A	.m. month da .m.	19	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	ART 2)
NVISIO	DING PHYG ar attendir After this e as the bu alth and M marked ar	MEC	WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211. LOCATION STREET	CITY OR TO	WN COU	NTY STATE
	TTEN pital TTOR for us of He		220 I certify that (I) (this haspit sow the deceased alive an above, (I) (we) (did) (did no			, ond	that in (my) (our) apinion d	eath occurred on the do	19 0	, that (I) (we) last
	OR he		226. SIGNATURE	73 %	<u>}</u>	m	ATTENDING PHYSICIAN PH	MEDICAL STAF		DATE SIGNED
	TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detoinwith the State ElimpoRTANT: If	(	2H. PHYSICIAN'S MAME (TYPEO	PRINT			17 CHAP		PARKI	20
	BP		URIAL, CREMATION, REMOVAL	23b. DATE	1001 6		METERY OR CREMATORY	23d LOCATION	ra G count	//2"
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	NERAL DIRECTOR NAME ONES B- EC	bl	It 11605	Reis		RECD, BY REGISTRAN	Min 9	and latter



>	1.	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		22044
moy be poge 3 er death	1. DE	CEASED NAME PA FIRST	LEON FAY	DARNALL	REG. NO.  20. DATE OF DEATH MONTH  9-18-81	DAY YEAR 26 HOURS
sge 4	3. SE	MALE	1. RACE BLACK	5. DATE OF BIRTH  MONTH  DAY  30 1881	6. AGE (IN YEARS LAST BIRTHDAY)  PO YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deth. Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED GROTHER INSTITUTION	9 BALTIMONE CITY OR COUNTY OF COUNTY	DUNTY MD.
1201 in by the refiled with		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A  VALLEY NURS, ROTHER INSTITUTION GIVE RESIDENCE BEFORE	DORESS) CONC. Center	TYPE OF WORK FOR MOST F-WORKING	
filled ould b	13a :		ANNAP			nod
- 0	(	bester	MIDDLE DA LASTLE  RMED FORCES? TIBB SOCIAL SECUL	H FIRST ++	ADDRESS A	(P) LAST
BALTIMORE.	100	Y S 40 OR UNKNOWN)   (IF YES, G)	XXXX 334-18-	1312 Dorothy	M. ITELANZ	35 BurchoSt
201 W. PRESTON ST., BAL es that the death certificate ned by the attending physici please remove carbon paper urial, cremation, or removal. , ar other troumatic event, th		PART I. DEATH WAS CAUSE	All one cause per luje for (a), (b), and one cause per luje for (a), (b), and one cause per luje for (a), (b).  DUE TO, OR AS A CONSEQUE  (c)	levoti cirina	martery dese	BETWEEN ONSET AND DEATH
t RECORDS, 21  on.  hos been signe permit. Then pi permit abunt ows any injury, to	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF THE PART	nob fructu	EATH BUT NOT RELATED TO THE TERM  OPERATION WAS PROPRIED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
OF VITA  CIAN: Th  physicie planticate ol-transit atol Hygis em 18 sho		21g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OF CAUSE OF DE,  (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH DA	Y YEAR	YES NO RED (ENTER NATURE OF INJURY IN ITEM II	YES NO
DIVISION Or attending After this act e os the buring ofth and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI aspital or CTOR: A for use of for use r. of Heoli		saw the deceased plive an above, (I) (we) (did) (did no	ital) attended the deceased from 19 2 19 2 19 19 19 19 19 19 19 19 19 19 19 19 19		deoth accurred on the date and h	
the the DI the DI the DI the Die De Tr. If H		226. SIGNATURE  Larin C/  1216. PHYSICIAN'S NAME (TYPE OF	Jourleusles	DEGREE  ATTENDING PHYSICIAN  122e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9-18-8/
TO HOSPITA retained by TO FUNERA should be Sio	23p	M-C. KOL	WALEWSK!	8604HA	RFORD KE	
ВР	B	BURIAL, CREMATION, REMOVAL SPECIFY)  WE ALL DIRECTOR	Sept. 23-81 /	d Veterans	E REC'D. BY REGISTRAR 350 REGI	LLOUNTY A. A. STAVIA
DHMH-16 30M 2/80 (VRA 15, 4)	(Y	hailes H. H.	J63 263	Planst SE	2 4 1981	Can Market

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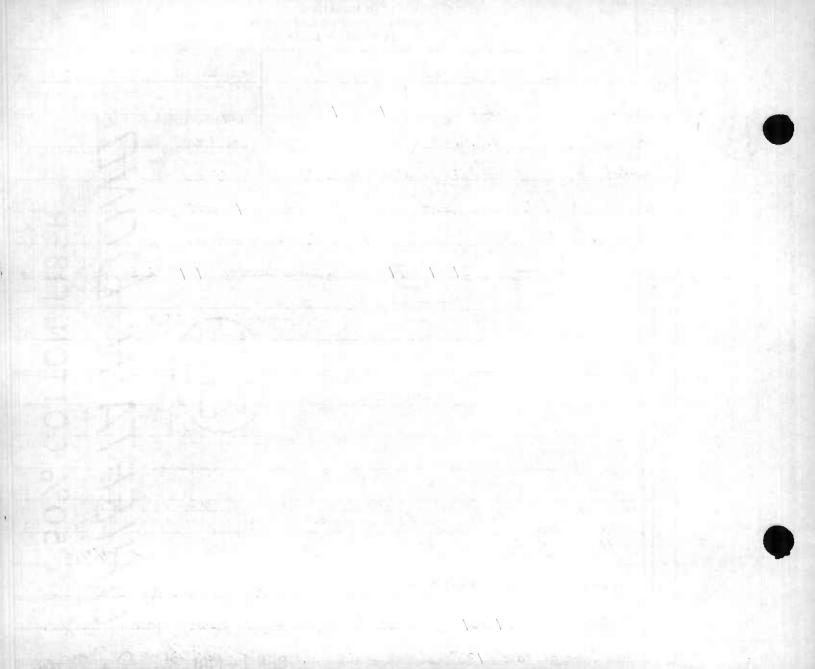
Ambrose Juneral Home 1328 Sulphun Spri

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	1.	REGISTRAR			DEFARIT	CERTII	ICATE OF DEATH	TOILINE	REG. NO			
		CEASED NAME	FIRST	A	VIDDIE		LAST	2a. DATE	OF DEATH M	ONTH DAY	YEAR	2b HOUR
			Anna		В.		vis .		Septe	mber 12	198	1:00PM
	3. SE	x Female		4 RACE WY	nite	June		6. AGE	79	DAY) IF UN	DER I YEAR	HOURS MIN.
II.	7g_B	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTI	MORE CITY OR	11101	DEATH	
6	6	COUNTRY) Maryland		II.	S.A.	WIDOWI	D NEVER MARRIED DIVORCED	¬	7. 7.1.1			
-	10 C	ITY OR TOWN OF DE					OR OTHER INSTITUTION	12a USU	Baltimo:	N		MD.  PERUSINESS OR
8		Towson		Saint	Joseph H	ospit	al		work for most of Housewii		NDUSTRY	
3	130. 5	AL RESIDENCE (IF NUR STATE aryland	136 COUN	other institution. ITY imore	136. CITY OR TOW Parkvil	N	13d. INSIDE CITY LIMITS?	13e STRE	ET ADDRESS 3018 Oak	Balt.,		
10	14. FA	THER'S NAME					15 MOTHER'S MAIDEN	NAME	1000			
50		George	· ·	MIDDLE	Banger	t	Anna		MIDDLE		Kress	
		VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT Sor	٦.	ADDRES	Linthi	01122	Ma
/		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-40-1	885	Roland J. I		451 W.	Maple 1	Rd.	MRA .
	TION		r, which mediote ng the e lost.	DUE TO, OF		ENCE OF	YOUS CILL OF					
9	CERTIFICATION	190 DATE OF OPERA	TION			OPERATIO	N WAS PERFORMED	YES [	7-11	20b. IF YES, WE IN CERTIFYING YES [	RE FINDING CAUSES	OF DEATH?
9	CAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	in i	M. MONTH DA	YEAR	21¢ HOW INJURY OCC	URRED (ENTER	R NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
	MED	216 INJURY OCCUR		21e. PLACE ( (AT HOME STR	OF INJURY EET. FACTORY, OFFICE F	ARM, ETC.)	211. LOCATION STREET	71	CITY OR TOWN	7	COUNTY	STATE
	-	22a I certify that #	(this hospit	ol) ottended the	deceosed from_	7-	19 1	/	7-1	6 196	VI.	that 🗶 (we) lost
		sow the deceos obove, (we) ( 22b, SIGNAT	ed olive on did)	view the body	ofter death.	- /	nd that in (my) (our) opinion	on deoth occu	irred on the dot	e and hour and		
		111		Shu	Tagli	m	ATTENDING		AL STAFF OR PHYSICIA	N 🗆	220. DATE	12-81
		THE PHENCIALIS N	1.6	SHIL.	ADI		7600 C	251	ER	Dr.	Tou	21204 1/500
	23a. E	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATOR		CATION CITY OR TOWN	co	עמַזע	STATE
		Buris	al	Sep 15	1981	Parkv	wood Cemetery	y ]	Baltimon	re	Mary]	and

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Leonard J. Ruck, Inc. Baltimore, Maryland

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

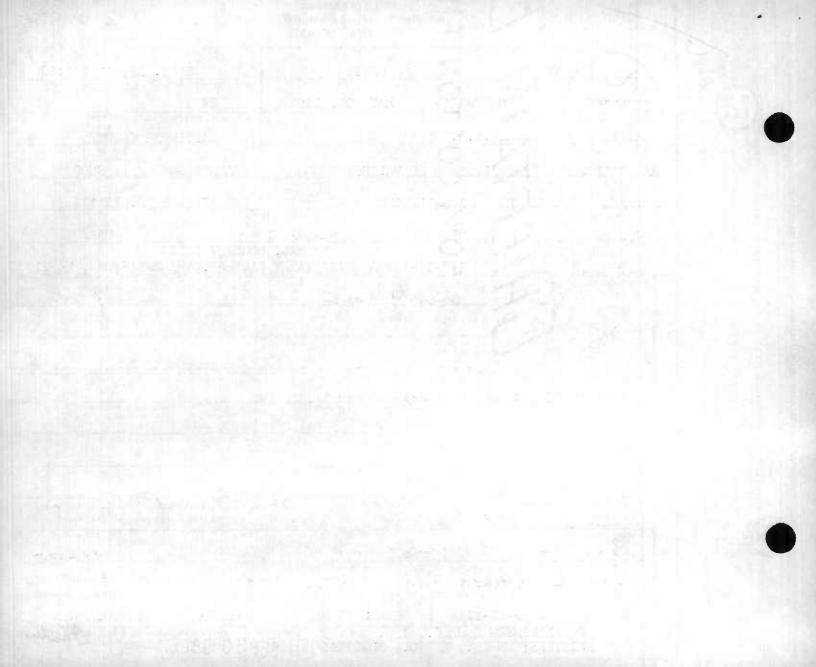
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+	STATE REGISTRAR			DEPARTI		CATE OF DEATH	REG. N	<b>6</b>	2	
	EASED NAME	FIRST	MIDE	DLE	(4	st		MONTH DA	Y YEAR	2b. HOUR A
HITTPE	OR PRINT!	RAY			DAV	IS	SE	PT. 26	1981	6:15 "
3. SEX		-	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BI		UNDER YEAR	111
	FEMALE	100	CAUCA	SIAN	MAY	28, 1892	89	YRS.	DATS DAYS	HOURS MIN.
	RTHPLACE ISTATE OF F	OREIGN	76. CITIZEN OF WH	IAT COUNTRY?	8		9. BALTIMORE CITY		OF DEATH	
	LATVIA	6	U.S.	Α.	WIDOWEI	NEVER MARRIED	RAITI	MORE C	OUNTY	440
	Y OR TOWN OF DEA		11. NAME OF HOS (IF NOT IN SUCH FA	SPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND C INDUSTRY	F BUSINESS OR
	ANDALLSTON  L RESIDENCE (IF NURS)			TOWN CO.  E RESIDENCE BEFORE		SCENT HOME	SEAMSTRES	SS	SHO	P
13a S	RYLAND	BALTI	TY 13c	ANDALLS'	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 9109 LIBER	TY RD.	#2113	3
14 FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME .			
	JOSEPH			MONTUS		FRAIDA	WIDDLE			
	AS DECEASED EVER		MED FORCES? 166	SOCIAL SECU	RITY NO.	17 INFORMAN MRS.	DOROTHY LEV	IN		
	NO			165-14-	1604A	3418 BARRY	PAUL RD., R	RANDALL	STOWN,	MD 2113
	18 CAUSE OF DEATH. Enter only one cause per line for (o), (b), and (c)									
	PART I. DEATH W.		BY- E CAUSE (o)	com	tu	MI				
	Llina	IMMEDIATI	CAUSE (0)	0						
	7100		DUE TO, OR AS	S A CONSEQUE	NCE OF				100	
	Canditions, if ony,		(b)							
	gave rise to imm		S DUE TO OR W							n America
	underlying couse		DUE TO, OR AS	s a conseque	NCE OF					
	DARKA OXIVERGIA		(c)							
Z		· .	ONDITIONS CONT	RIBUTING TO E	DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	V IN PART 1	o
5	enn		13000	4 Su	no	rme				
CERTIFICATION	90 DATE OF OPERAT	ION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, 'IN CERTIFY! YES	NG CAUSES	OF DE ATH?
E CE	210 ACCIDENT WAS UND	ERLYING	216 TIME OF IN	NJURY		21c. HOW INJURY OCCUR				
	OR CONTRIBUTING C			MONTH DA		-				
MEDICAL	(IF EITHER NOTIFY MEDIC		P.M.	INTERIOR	19	211 100 471021				
ME						211 LOCATION STREET				
	220 I certify that (I)	(this bospite	ol) attended the de	eceased fram_	ma	5 19 22	10 1 m	15	·	that (#e) last
	saw the decease	d alive on_	view the body after	19	, and	d that in (my) (our) opinion	deoth occurred an the d	ate and haur o	and from the	couses stated
	226 SIGNATURE	Lidia noi	view the body dite	er deom.	D	EGREE			1221 DATE	SIGNED
	Lun		M	hun	, Burning	ATTENDING	MEDICAL STA		9/	26/14
	226 PHYSICIAN'S NA	ME (TYPE OR	PRINT)	115 375 37		22e ADDRESS				
	LEUN	G.	SHEET	1 no	1	6715 M	and Itel	MHTJ	AV	2
	JRIAL, CREMATION, I	REMOVAL	23b. DATE			METERY OR CREMATORY	23d LOCATION		COUNTY	
	BURIAL		9-27-81			H TIKVAH	ROSEDALI	BA BA	LTO	MD STATE
24 FU	NERAL DIRECTOR S	DL LEV	INSON &	BROS.,	INC.	250 DA	TE REC'D. BY REGISTRAR	25h PEGISTRA	STUGNAT	81 6:15 M YEAR IF UNDER 24 HRS. 10475 HOURS MIN. H Y MD. ND OF BUSINESS OR TRY HOP  133  LAST KNOWN  N, MD 2113. PROXIMATE INTERVAL PROXIMATE INTERVAL PROXIMATE INTERVAL PROXIMATE INTERVAL LAST KNOWN  TO INC. TO IN
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DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbanappe with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



Loch Raven Blvd

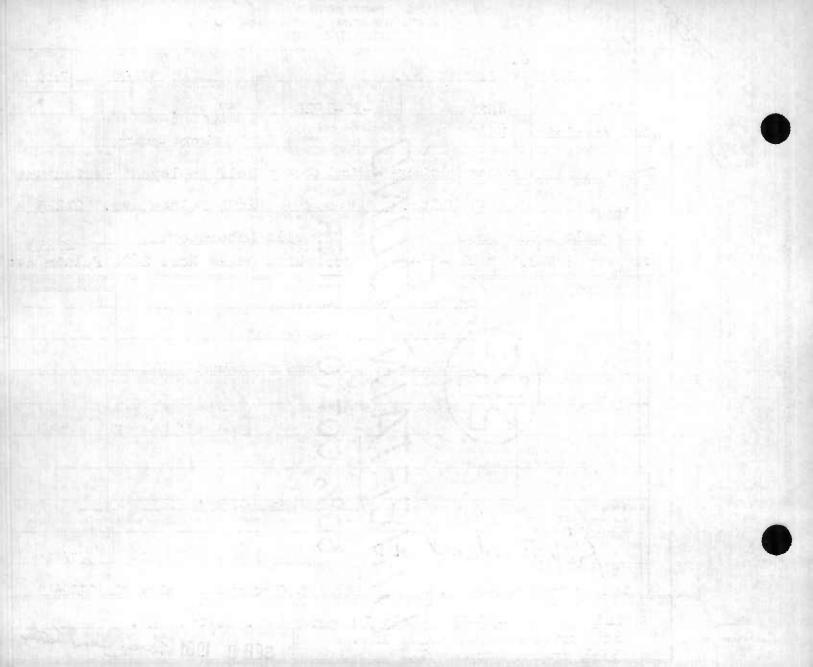
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INTERNATION OF THE PARTY OF THE XXXX STATE OF THE PROPERTY OF THE P

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	I DE	REGISTRAR CEASED NAME ARIT	Million		FICATE OF DEATH	REG. NO.	DAT STAR 18 HOUR
y 75		Mario		Dee	ring Derring	September	11, 1981
to 4 may	1.5E	x Female	White	MON	OF BIRTH	8. AGE (INTEARS) AST BRETIONS)	FUNDER LIEUR FUNDER 24 H HONTHS DAYS HOURS M
The state of the s	111111111111	RTHPLACE GIAN OFFORION  Opportuni  Virginia	U.S.A.	NIRY? E	ED NEVER MARRED	Baltimore	
(M)(0	10.CI	Towson	11. NAME OF HOSPITAL, N. 8201 Loch F	URSING HOME STREET ADDRESS! Raven B	OR OTHER INSTITUTION  LVd Apt C	17th USUAL OCCUPATION 1799 OF WORK FOR MOST OF WORKS Housewife	17h KIND OF BUSINESS
Hilled Sound by Man		The state of the s	NTY TOTHER INSTITUTION, GIVE RESIDENCE	HFOR ADMILION R TOWN WSON	134 INSIDE CITY LIMITS? YES NO 🔀	8201 C Loch	
on and 2 of	14. FA	Joseph A	rcher Moo		Meda	ME MEDIE NMN	Dull
Poges		The Principle of the Control of the	NE WAS DEDATED)	SECURITY NO. 10-2943	Betty Anne		ceysville, Md. 9 Staffordshir
ores, that the death good by the atten- or please remove or buriel, cremation, in, or other trauma	Z.	Conditions, if any, which gove rise to immediate course (a) storing the underlying course last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR ASIA CON	450	Cens	MINAL DISEASE OR CONDITION	GIVEN IN PART TIME
on the second			The Continues For	VHICH OPERATI	ON WAS PERFORMED	79s AUTOPSY? 78b. 8	FYES, WERE FINDINGS USED
on bas been sign permit. Then ere prior to be	TIRCATIO	PRE DATE OF OPERATION	THE CONDITION FOR V			1000000	
ACLANI. The law inquire g physician enficate has been sign and transit permit. Then infinitely hygiene prior to but them 18 shows day injury.	CAL CERTIFICATION	PIL DATE OF OPERATION  THE ACCEPTION WAS UNDERLYING ON CONTRIBUTING OF CAUSE OF DEA	TIL TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21s. HOW INJURY OCCUR	YES NO INCE	YES NO
NG PHYSICIAN: The low require attending physician. Her this certificate has been sign on the buried stream, Then it and Mental Hygiene prior to be riked at them 18 shows any injury	MEDICAL CERTIFICATION	21s. ACCESENT WAS UNDERLYING OR CONTRIBUTING	TIL TIME OF INJURY HOUR A.M. MONTH	19	21s. HOW INJURY OCCUR	YES NO	YES NO NO
LOB ATTENDING PHYSICIA the hospital or uttending plants for the certification of the burial in toched for use on the burial toched for the formation of the formation of the burial toched for the formation of the formation of the formation of the burial toched for the formation of th	1000	THE ACCEPTATIONS UNDERLYING ON CONTRIBUTING CONTRIBUTING CAUSE OF DEAL PRANTING THE INJURY OCCURRED WHILE AT WORK AS WELL AS W	TIL TIME OF INJURY HOUR A.M. MONTH BY P.M. THE PLACE OF INJURY INTHOME STREET, FACTORS OF	SHICE FARM (TC.)	21t. HOW INJURY OCCUR	VES NO NO PRED (ENTER HAT)/HE OF INJURY IN 11TA	YES NO NO
28 ATTENDING PHYSICIA hospital or uttending pl HECTOR. After this certif- ched for use as the burial- tiept of Health and Mental tem 21 is incided or tem.	MEDICAL	218. ACCEPAT WAS UNDERLYING OR CONTRIBUTING	The PLACE OF INJURY HOUR A.M. MONTH P.M. The PLACE OF INJURY INT HOME STREET, PACTORS of	HOME SAM SICE	21t. HOW INJURY OCCUS  TH. LOCATION SHIFT  19  21d that priny our opinion DEGREE ATTENDING HYSICIAN	YES NO	VES NO NO NO NE PART 21  COUNTY STATE  19 S 1 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

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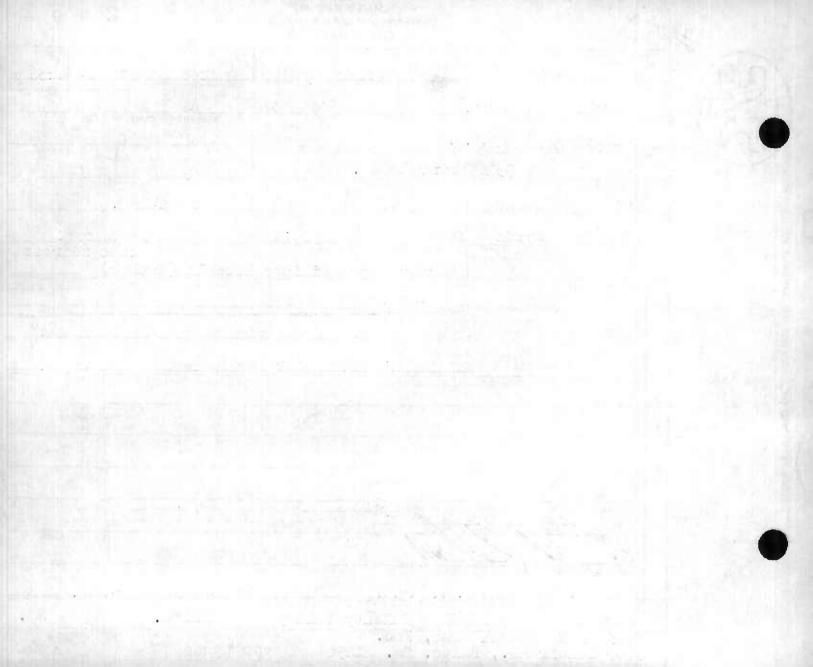
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

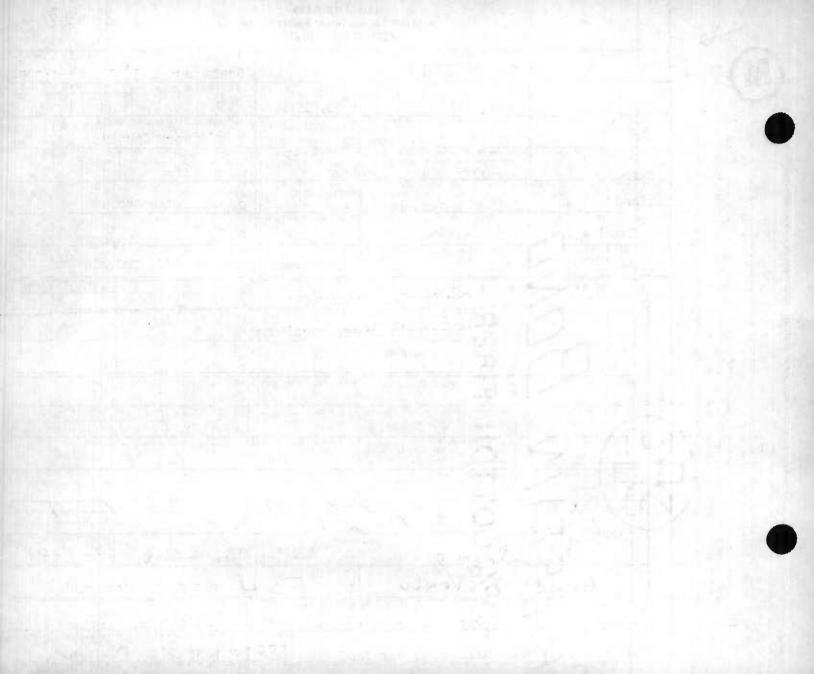
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	FOR - STATE	DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG	IENE 8 1	228	5 3
	REGISTRAR			ICATE OF DEATH	REG. N		
	1. DECEASED NAME EIRST	Mamie S DOMINA		AST		MONTH DAY YEAR	26 HOUR
					September		4:30Pm
	3. SEX	4. RACE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAY	
v	Female  76. BIRTHPLACE (STATE OR FOREIGN	White  7b. CITIZEN OF WHAT COUNTRY?		t 13, 1909	72	YRS.	
1	New York	U.S.A.	MARRIE	D NEVER MARRIED DIVORCED		re County of DEATH	MD
7	IS CITY OR TOWN OF DEATH  ESSEY	11. NAME OF HOSPITAL, NURSII NOT IN SUCH EACILITY, GIVE STREET  Franklin Squar	NG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	ION 126. KIND DE WORKING LIFE) INDUSTR	OF BUSINESS OR
	USUAL RESIDENCE (IF NURS)	A DEHA MATITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		Territoria de la composición dela composición de la composición dela composición de la composición dela composición de la composición de l		
M	aryland	Baltimo		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2906 Rosa.	lie Ave	
	14. FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME		
	Charles	Serio Serio		Theresa	WIDDLE	Unknown	LAST
	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRI	ESS	
-	No	THE WAR OR DATES)		Mr Vincent A	A Domina l	<i>316 Delvale</i>	Ave
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (b) Metastat  DUE TO, OR AS A CONSEQUE (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON		
1	OH DATE OF OPERATION	198 CONDITION FOR WHICE	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NOX	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	OR CONTRACTOR CALLER OF OF	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART 1 OR PART 2	)
	OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTION CONT	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	saw the deceased alive ar	n 9 9 19 19 19 19 19 19 19 19 19 19 19 19	81.00	nd that in (ny) (our) opinion o	eath accurred an the d	ate and haur and from the	, that X (we) last he causes stated
	22b. SIGNATURE	ento, M. D.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF . O	9-81
	22d. PHYSICIAN'S NAME (TYPE) ANGE	10. Vento		220 ADDRESS	, ,	nore, Maryla	nd
	236 BURIAL, CREMATION, REMOVAL (SPECIEY)	L 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	9/12/81	Iake .	View Mem Park	Balti	more, Maryl	and
	24 FUNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN.	ATURE
	Leonard J Ruck	Inc. Baltimore,	Marul	and SEP	1 0 1981 7	Pr.	one.



cion and completely filled in by the ers. Pages 1 and 2 should be filed

by the ottending physician ase remave carban papers. P

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached far use as the burial-transit permit. Then please remave carban paper with the State Dept. at Health and Mental Hygiene priar ta burial, crematian, or remaval.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

6010 REISTERSOWN R.D

injury, ar ather traumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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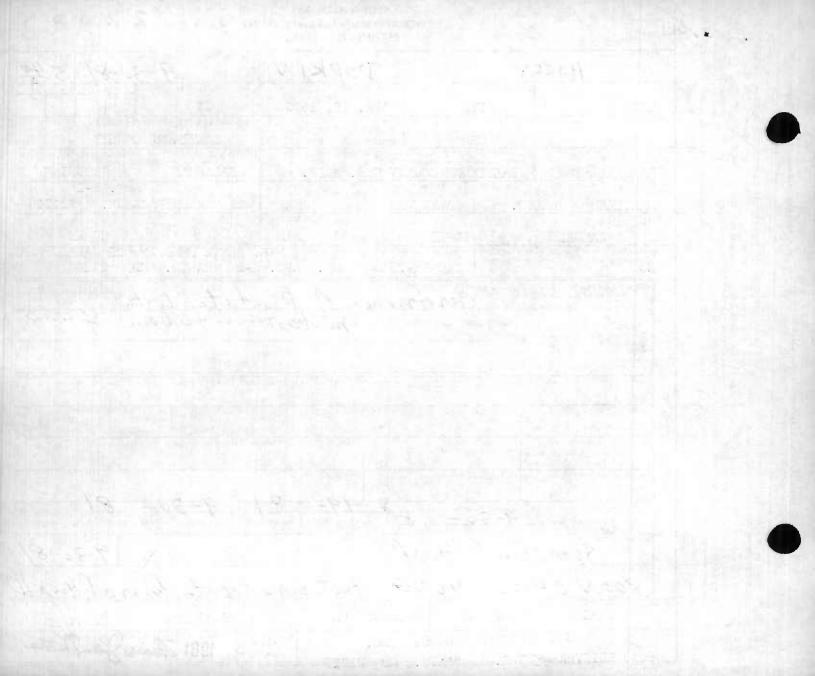
MARYLAND

OCT 5 1981 Cornes Sen Parther

1	FOR STATE REGISTRAR			DEPAI		EALTH AND M			G. NO.	2 (	, 5	
	CEASED NAME	FIRST		MIDDLE	I	OPK	IN	20 DATE OF DEA	9 -3	DAY YEAR	26 HOUR 5 4	10
3 SE	×	4	RACE		5. DATE O			6 AGE (IN YEARS LA		IF UNDER I YEAR		RS.
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	RANDALLLST	OWN	BALTI	HOSPITAL, NUR H FACILITY, GIVE STR MORE COL	UNTY GE			120 USUAL OCCU		E) INDUSTRY	OF BUSINESS THING	-
130.	AL RESIDENCE (IF NURS STATE MARY LAND	13b COUNT BALT	Υ	GIVE RESIDENCE BEF 13c. CITY OR TO BALT IN	I NWC		40 XX		ess A REN PARK	PT. B- DR.	2 #2120	8
14. F/	ATHER'S NAME FIRST SAMU		DDLE	DOPKIN		15. MOTHER'S	maiden nam <b>LEAH</b>	WE	DIE	СОН	ËN	
- (	MAS DECEASED EVER YES NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	16b SOCIAL SE 212-18	CURITY NO. 8-7313A	DR.,	MRS APT.	. ELSIE 4 B-2 BAI	BRODSKY LTO., MD	25 WA 212	RREN PA	ARI
Z	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediate g the last.	DUE TO, OF (c)	R AS A CONSEC R AS A CONSEC	DUENCE OF	mer NOT RELATED T	O THE TERMI	asis f	CONDITION GIVE	2 9 EN IN PART I	ean.	7
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHI	CH OPERATION	WAS PERFOR	MED	200 AUTOPSY?	IN CERTIFY	, WERE FIND	INGS USED S OF DEATH?	
MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	P./	M. MONTH M.	DAY YEAR			ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)		
MED	21d. INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	ILE 🔲	21e PLACE C	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION	0	CITY	ORTOWN	COUNTY	STATE	E
	220.1 certify that (1) sow the decease above, (1) (we) (d 22b. SIGNATURE	d plive on	4-3	0- 10	8/ , one	d that in (my) (a	ur) opinion d	eoth occurred on t	he date and hour		, that (1) (we) e couses stated E SIGNED	
	Sv	one	hul	- Hor	4	ATT PH	TENDING TYSICIAN	MEDICAL DIRECTOR PH	STAFF	9-	30-8	1
	300 N	CH	ul	HOM	14	Baltie	more	Count	- gone	ral	Hospi.	4
	SURIAL, CREMATION, I SPECIFY) BURIA		10/2/	81	BETH TF	METERY OR CR I LOH	EMATORY	BALT H		COUNTY	YLAND	-

SOL LEVINSON & BROS., INC.

DHMH - 16 50M 1/81 (VRA 15, 4)



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Laltimore County

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Stanley Z. Felsenberg M.D. 11 H. ChaseSt. Ealto., Md. 21202

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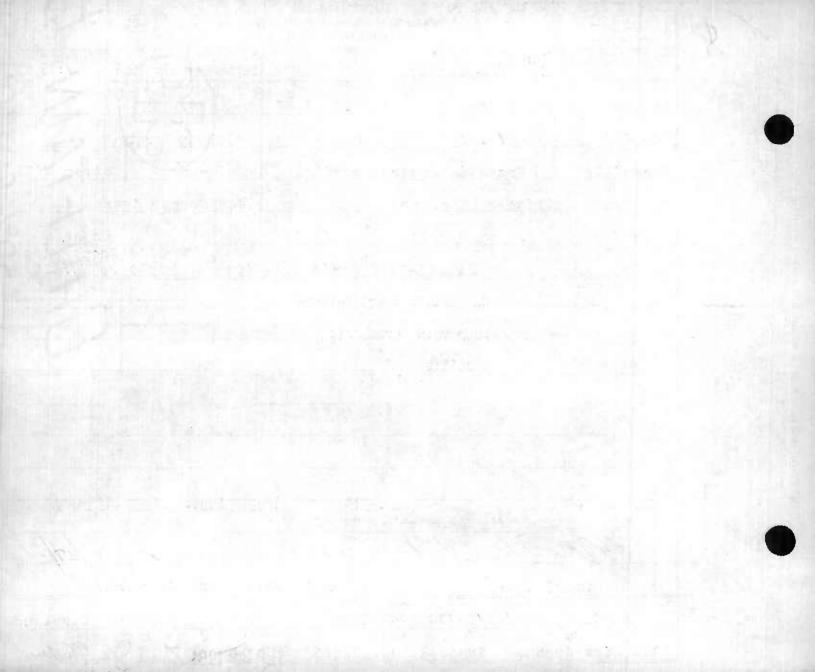
A PAR PROPERTY	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE O FREG. NO.	2000
	ECEASED NAME FIRST PE OR PRINT) William	4. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	7 81 9 P
網 / 70.1	Male BIRTHPLACE (STATE OR FOREIGN )	Caucasian 04 13 23	58 YRS.	MONTHS DAYS HOURS MIN.
9010	USA	MARRIED W NEVER MARRIED WIDOWED DIVORCED	Baltimore	County MI
	Baltinore	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  1804 Weyburn Rd	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
	JAL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION)  13. SITY OR TOWN  14. SITY OR TOWN  15. SITY OR TOWN  16. SITY OR TOWN  17. SITY OR TOWN  17. SITY OR TOWN  18. SITY OR TO		n Rd
14.F	ATHER'S NAME  FIRST  A  M	IDULE 15. MOTHER'S MAIDEN I	NAME MIDDLE	ALBRIGH
léa léa	LYES NO OR UNKNOWN) LIFYES GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAR OR DATES)	ADDRESS	
t, the m	1	y ane couse per line for (a), (b), and (c).)	pussed 1804	Chertura Police APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, or ather tra	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (c)  DIVIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELE		/EN IN PART 110
8 shows ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
per mary	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	H HOUR A.M. MONTH DAY YEAR P.M. 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18. F	PART I OR PART 2)
rked or Item	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21I. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	22a I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	Sect 1 17 10 81 and that in (my) (our) anining		19, that (I) (we) lost or and from the causes stated
T; If Hear	22b. SIGNATURE M. Q.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
Z -	THE PHYSICIAN'S NAME (TYPE OR	PRINT) 27e ADDRESS	100	TE CONDUCA
OR	LYDIA M	· ICINA NIOY IVI. D. I C GILL I'M	LANSPIAI . NI	110.410312
23a	BURIAL, CREMATION, REMOVAL	236. DAJE 236. NAME OF CEMETERY OR CREMATOR	23d LOCATION	Balto MO. 2/2:

SP 18 Tu Policy Leader 18 1 92 Male Caucosian et 13 48 58 201 violed y AZD AZD Coult may 2 1364 Cheyard Rd ... Example Syam Hard M.D. Bultique Resellate - 1964 weggern Bel E = PA ALAMANATA YES LOUT THE BEHALL BELL HOUSEN I BUT LEVEL SOME ALC: NAME OF THE PARTY OF THE P And which which Indianation RIGH LINEAUL Level 1 St. 12 1 Character St. 1 St. 1 St. 1 St. 1 St.

10		REGISTRAR					ICATE OF DEATH		REG. NO.			
ಜ ಕ		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	20 DATE OF D	EATH MONTH	22	100	B HOUR
000	SE	x	Wille	4. RACE	Α.	5 DATE O	Doty	6 AGE (IN YEA			81 ERIYEAR	IF UNDER 24 H
1	1	Mele		Whit	:0	MONTH 2		78	YR	MONTHS		HOURS M
		RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE			timore	NTY OF DE		
SOC and		TY OR TOWN OF DE.	3	(IF NOT IN SU	HOSPITAL, NURSIN PCHEACHITY, GIVE STREET TOWOOD AL	ADDRESSI	OR OTHER INSTITUTION	12a USUAL OC		12b		BUSINESS
and and	13a. :	AL RESIDENCE (IF NUR STATE <b>arylend</b>	136. COUN		13c. CITY OR TOW Cetonsu	VN	134 INSIDE CITY LIMIT		DRESS	Avenu	le	u.
230	M.F.	Elmer		MIDDLE	Doty		15 MOTHER'S MAIDEN		MIDDLE		Etch	nison
edice	6a \	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?		Charles III	17 INFORMANT		ADDRESS			
S. Po		No			000 04	5678	Many Floor	na Doty 1	07 0154			
d by the ottending physici lease remove corbonpaper ral, cremation, or removal. or other traumatic event, th		18 CAUSE OF DEAT PART I. DEATH W 410 O Conditions, if ony gove rise to im- couse (os, stotu- underlying couse	VAS CAUSE IMMEDIAT , which mediate ng the	D BY: TE CAUSE (0)  DUE TO, (		ENCE OF	Mery Elnos	aire In	US BITO			
rmit. Then please remove corbonpoper sprior to burial, cremation, or removal. s any injury, or other traumotic event, th	CATION	18 CAUSE OF DEATH VI PART I. DEATH VI PA	, which mediate ag the elast	DBY:  TE CAUSE (0)  DUE TO, (0)  DUE TO, (10)  DUE TO, (10)  TONDITIONS C	DR AS A CONSEQUED ON TRIBUTING TO	ENCE OF  DEATH BUT	My yo ena	1 -	DR CONDITION  5Y2 20b. IF	GIVEN IN YES, WER	APPROXIMA BETWEEN ON	ATÉ INTERVAL ISET AND DEA
sit permit. Then please remove carbon paper grene prior to burial, cremotion, or removal. shows any injury, or other traumotic event, th	RTIFICATION	18 CAUSE OF DEAT PART I. DEATH W  4/10 Conditions, if ony gove rise to im- couse foly storit underlying couse PART 2. OTHER SIGN  19a DATE OF OPERA	was Cause IMMEDIAT , which mediote ng the e lost NIFICANT C	D BY:  (E CAUSE (0)  DUE TO, (0)  DUE TO, (0)  (0)  CONDITIONS C	OR AS A CONSEQUIDER AS	ENCE OF  DEATH BUT	NOT RELATED TO THE TO	TERMINAL DISEASE C	DR CONDITION  SY2  20b. IF IN CE	GIVEN IN YES, WERTIFYING YES	APPROXIMA BETWEEN ON PART TO E FINDING CAUSES O	ATÉ INTERVAL ISET AND DEA
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ched for use as the buriol-trossit permit. The Dept. of Health and Memol Hygiene prior to Hem 21 is marked or tem 18 shows any inju		18 CAUSE OF DEAT PART I. DEATH W  4/10 0 Conditions, if ony gove rise to imicouse ios stotal underlying couse PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING [IFEITHER NOTEY MEDI 21d IN JUNCAL WHILE NOTEY MEDI AT WORK NOTEY MEDI AT	VAS CAUSE  IMMEDIAT  , which mediate ng the e lost  NIFICANT C  TION  DERLYING CAUSE OF DEA ICAL EXAMINER REAL  (this hospit	DBY:  (E CAUSE (0)  DUE TO, (0)  DUE TO, (1)  CONDITIONS  19b CONE  19b	OR AS A CONSEQUIDED AS A CONSEQUIDED FOR WHICH CONTRIBUTING TO DITION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTING TO DITION FOR WH	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  FARM. ETC.)	NOT RELATED TO THE TO WAS PERFORMED  21c HOW INJURY OC  21f LOCATION STREET  19  19  10 that in (my) (aux) opin  DEGREE  ATTENDIN	TERMINAL DISEASE CONTRACTOR TO SERVICE OF THE PROPERTY OF THE	OR CONDITION  SY?  20b. IF IN CE RE OF INJURY IN ITEM  21TY OR TOWN  STAFF	GIVEN IN  YES, WER RTIFYING YES	APPROXIMABLE INTERPRETATION OF PART 110  E FINDING CAUSES O	SS USED OF DEATH? NO  STATE  of (I) () Induses stored
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Item #1 Film G560 10/6/81 rc



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1 - STATE REGISTRAR		CERTIFICATE OF DEATH	GIENE O REG. N	2 2 0 0
noy be page 3	1. DECEASED NAME TES11	ian MIDDLEH.	Dushane DUSHANE	Sept.	MONTH DAY YEAR 26 HOUR
tor, po	3. SEX Female	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
- Poge	7g BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL		76 9 BALTIMORE CITY C	YRS DR COUNTY OF DEATH
death	Maryland 10 CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION	Baltit	TOPE COUNTY MD.
s offer	Towson	PICK CTS Q	VE STREET ADORESS)	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
filled in could be	Maryland Waryland	ROTHER INSTITUTION, GIVE RESIDEN NTY 2 10 130. CITY C 2 1201 Balt	PRIOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 524h. C	harlesst Aptizos
ompletting	WiLLIAm		SHANE AHANE	aroline	LAST
on and co	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		al SECURITY NO. 17. INFORMANT Pickersgill	Home, 615 C	hestnut Ave. 21204
by the attending physical cost common to the cost components of cost costs of the c	Canditions, if any, which gave rise ta immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON		noma	attrol 6 mos,
equires the state of the state		CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN PART 1(6)
hysician. reast has beer reast permit. Hygiene prior 18 shaws any i	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
nding physici nis certificate burial-transi Mental Hygi or Item 18 sh	OR CONTRIBUTION CALLSE OF OF	HOUR A.M. MON	TH DAY YEAR  19	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2]
After this e as the bu aith and M marked ar	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE    AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.]	CITY OR TO	WN COUNTY STATE
or us of He 21 is	270.1 certify that (I) this hasp sow the deceased alive or above (1) (we) faid ided no	attended the deceased Sept. 17	19 8, and that in (my) our opinia	n deoth accurred on the d	dote and have and from the causes stated
TAL OR AT y the hasp y the hasp RAL DIREC. detached f tate Dept. NT: If them	22h SIGNATURE	, Collia	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	
retained by the TO FUNERAL I should be deto with the State (IMPORTANT: If	Dau id D	Collins, 1	22e. ADDRESS 500 W. Un		ewy., Balto, Wel,
/pp	230. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	23b. DATE 9-19-81	23c NAME OF CEMETERY OR CREMATORY  Mount Olivet Ceme	CITY OR TOWN	more Maryland
DF	Dariar	7 17 01	House office ceme	ccky Darti	more rary rand

MINISTER BOWNEY Established the state of the st Atification of the section of the se 

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(VRA 15.4)

STATE OF MARYLAND

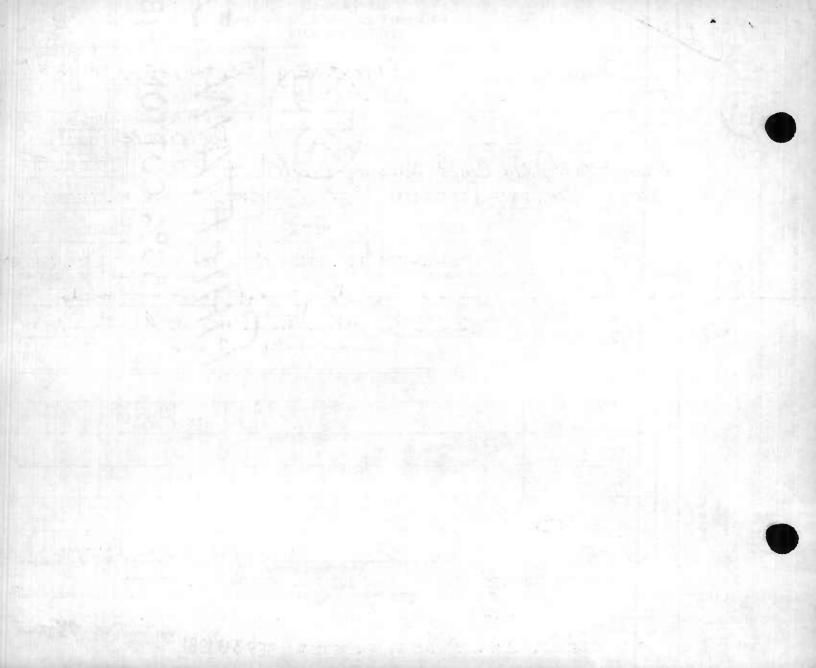
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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THE STREET STREET, TOOTS PRODUCE DAIGNOS.

TRAILED MATTERY DIFTAN STEMBLE SOLUTION



X		tem 7a g559 9/28 FOR STATE REGISTRAR		PARTMENT OF HEALT	MARYLAND H AND MENTAL HYG FE OF DEATH	IENE 8	2 2	6 6 4
anoy be		CEASED NAME PIRST E OR PRINT)  Meta	MIDDLE M	Eme 5. DATE OF BIR	TH YEAR	20 DATE OF DEATH	MONTH DAY 09 16 HDAY) IF UND	81 10 A  DER LYEAR IF UNDER 24 MRS. S DATS MOURS MIN.
Pool Pool	т. В	remale IRTHPLACE (STATE OR FOREIGN COUNTRY) Haryland	White 76 CITIZEN OF WHAT COU  USA	INTRY? 8. MARRIED WIDOWED W	O) O7	9 BALTIMORE CITY OF	YRS COUNTY OF D	
in the the befiled to	USU	hite Marsh al RESIDENCE (IF NURSING HOME OR		NURSING HOME OR OT VE STREET ADDRESS)  PENTON ROLL  CE BEFORE ADMISSIONI		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 121	b. KIND OF BUSINESS OR DUSTRY
i within 24 h		ATHER'S NAME FIRST		YES 15. A	AOTHER'S MAIDEN NAM	MIDDLE		d Ave
be executed to non ond com				L SECURITY NOA 17 IF	NFORMANT	ret Hetch ADDRES	s Baltin O8 Dawn	
quires that the death certificate be executed within 24 hours signed by the ottending physician and completely filled in the please remove corbonopers. Pages 1 and 2 should be fill to buriol, cremation, or removal.		RATE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying cause last.  PART 2 OTHER SIGNIFICANT C	D BY. TE CAUSE (0) CATAL  DUE TO, OR AS A CON  (b) METO  DUE TO, OR AS A CON  (c)	ASTIC CA	ncer	inal disease or cond		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 Mos.
The low requirements to the lo	CERTIFICATION	19a DATE OF OPERATION		WHICH OPERATION WA		200 AUTOPSY?	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO [
NG PHYSICIAN: The low require other this certificate has been sign as the buriol-tronsit permit. Then the and Mental Hygiene prior to borked or them 18 shows ony injury	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK ALWORK		19	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	1	OUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: Af should be detached for use o with the State Dept. of Health IMPORTANT: if them 21 is mo		22a. I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSIGIAN'S NAME (TYPE O	1) view the body offer death.	_19		deoth occurred on the do	F AN 🗆	that (It (we) lost from the couses stated 2c. DATE SIGNED 8 LUD 8 LUD
Bb————————————————————————————————————		BURIAL, CREMATION, REMOVAL SPECIFY) Arial	236. DATE 9/19/81	More lan		BALTO, 23d LOCATION Baltimo	mo	21222
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director chimunek Eune	Baltimore, 33			REC'D. BY REGISTRAR 2		

Meta II Emay = 109 16 51 16 8 Female White at a common search White Harsh 428 Charante Met 20135 Hardmarson III MD Palmace - 2 46 Marketo The No all the second that is some the second that 

requires that the death certificate be executed within 24 haurs after death. Page 4 may be

	FOR STATE REGISTRAR			DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENT FICATE OF DEAT	TAL HYG	IENE 8	2 No.	2 5	6 5
	1. DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH		AY YEAR	2h HOUR
		JUSTI	NE C	ecelia	ENGI	LER			9-21-	-81	5:38p M
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226	USUAL RESIDENCE	IF NURSING HOME OF	OTHER INSTITUTION	13c. CITY OR TOV	RE ADMISSION)	13d INSIDECITY L	IMITS?	13e. STREET ADDRES	s T	owson	. Md.
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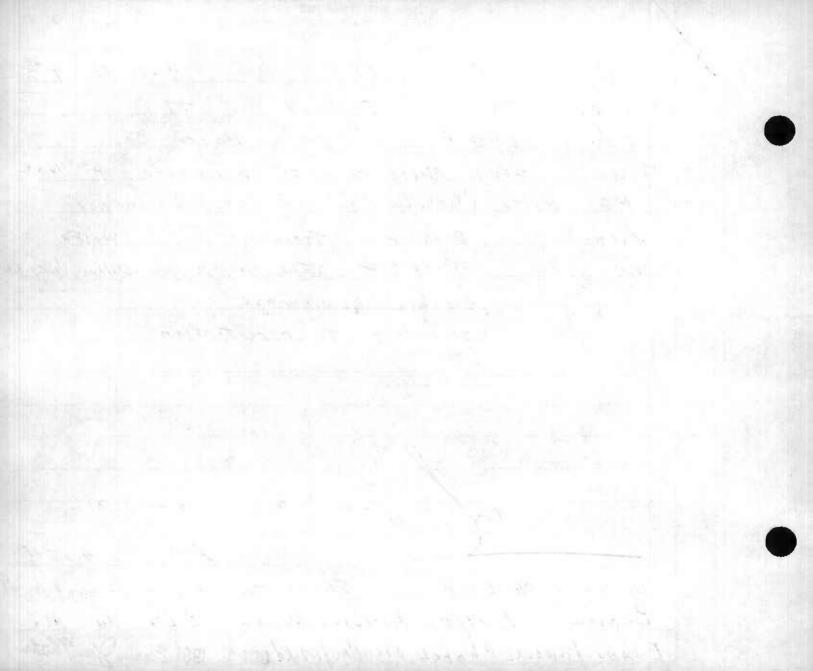
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TO FUNERAL DI should be detach with the State De IMPORTANT: If I	1	22d. PHYSICIAN'S NAME (TYPE OR	D DD(A)T)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	7.25
the ORTA				THE ADDRESS	1 1 11	0, 1/11
MPORTANT		Dr. Eddie	NAHKUDA	270/16	Maris Hospice	· Vuloney Valle
	230	BURHAL, CREMATION, REMOVAL	23b. DATE/ 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY INSTATE
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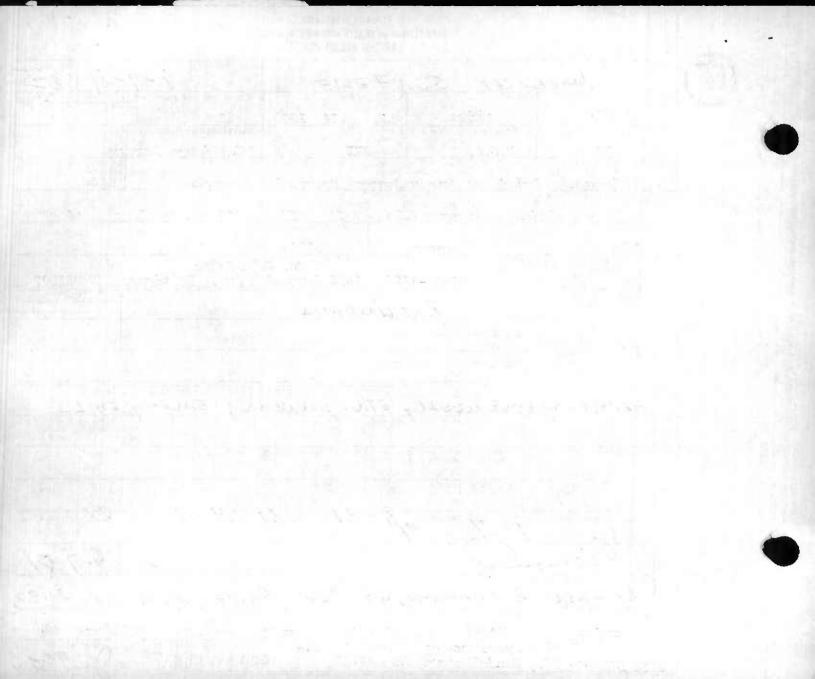


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8	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 2 5 5 9  CERTIFICATE OF DEATH  REG. NO.
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- (M)	3. SE	ALS RTHPLACE (STATE OR FOREIGN	4 RACE  5. DATE OF BIRTH  MONTH  DAY  YEAR  1. UH T Z  APRIL  APRIL  APRIL  APRIL  APRIL  APRIL  B AGE (IN YEARS LAST BIRTHDAY)  FUNDER 1 YEAR  FUNDER 24 HIRS  FOUNDS MIN.  PROJECT OF WHAT COUNTRY?  B ALTIMORE CITY OF COUNTY OF DEATH
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s that the death certificate be by the ottending physicial please remove carbon papers. rial, cremation, or removal.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if only, which gove rise to immediate cause Ial, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
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to RATTENDI the hospital or L DIRECTOR: A toched for use e Dept. of Heal	W	WHITE NOT WHITE AT WORK  22-1 Certify that H (this hosp: saw the deceased alive an abave (1) (we) (did) (did) (27).  27b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE  TO SEPT 1 19 81 that All (we) last  SEPT 1 19 81 that All (we) last  Extremely the bady after death.  DEGREE  ATTENDING MEDICAL STAFF  STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRE
C HOSPITA etoined by TO FUNERA should be de with the Stot			DIZON M.D. 7620 YORK RD 21204
BP	B	BURIAL CREMATION, REMOVAL SPECERY) JUNERAL DIRECTOR NAME VANS FUNEY	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITYOR TOWN  1 5 1981 LORRAINE PARK BALTIMORE  250 DATE RECD. BY REGISTER BY SEPA

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

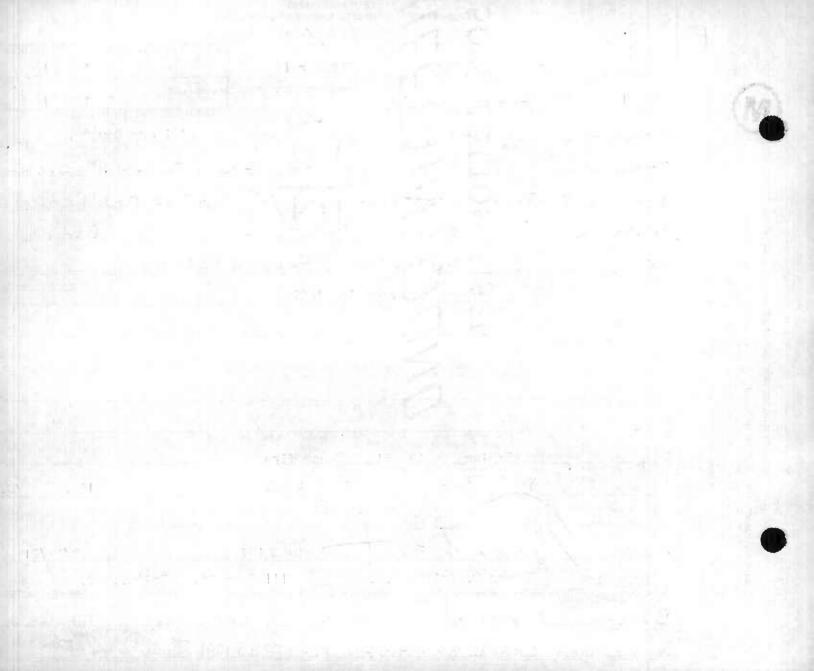
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	10. CIT	Y OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OTH	HER INSTITUTION		AL OCCUP	PATION (T		176 KIND	OF BUSIN	
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1		death result	/ /	Al courses	Accord Glove, held	A A	Homicide		Inquiry rmined ma		ind in my op	oinion		
1			177	A	1//	L	TITLE (SPECIFY)	Undefe	rinined ma	nner [].				
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7	_		7 0	Th 5	0. 111									
×4		XAMINER'S TYPE OR PRI	NAME VT)	Thomas D.	Smith,	М. D.	ADDRESS	Penn	St.	Bal	lto.,	MD.		100
1	23a. BU	RIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. NAME C	F CEMETERY C	R CREMATORY	23d. LOC	CATION		COU	VIY	STATE	
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	1 -	STATE REGISTRAR	Di		ICATE OF DEATH	REG. NO	O.				
		CEASED NAME FIRST	WIDDLE	1	AST	2a DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR			
		CHAR.	LES CLYDE	FLAN	DORFER	9	9 258	2/ 5/5 M			
	3 SEX	PALE	4 RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DATS HOURS MIN.			
5		RTHPLACE (STATE OR FOREIGN OUNTRY)  MD	76 CITIZEN OF WHAT COL $U.S.A.$	MARRIE		Baltimore City o Baltimore	_	TH MD.			
F		ty or town of death andallstown	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR Baltimore Co	VE STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF EMPLOYEE O	F WORKING LIFE) INDU	IND OF BUSINESS OR STRY Ormick & Co.			
6	13a S	MD Ba		CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS   #2 North1		21207			
	I4 FA	THER'S NAME FIRST	MIDDLE L	AST	15. MOTHER'S MAIDEN NAM	ME		LAST			
0		Charles		dorfer	Sadie		Unk	nown			
		(AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (IF YES NO	S, GIVE WAR OR DATES)	5-7996	Northland R	Gladys C.	Flandorfe m, MD 21	r 207			
		DARTI DEATH WAS CAL	er only one couse per line for (0), USED BY: DIATE CAUSE (0)		MIL SHOCK		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
	7	4860									
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last									
		PART 2 OTHER SIGNIEICAN	NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OF CONT	OUT ION CIVEN IN BU	DT 1/-			
	NO	RENAL A	CALL LIRE	DAR		EBSE.	SHOW GIVEN IN PA	W. 110.			
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA				
1	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	711 - 2.1V - VE.IB	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPA	AR ( 2)			

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

COUNTY

\_, that (I) (we) last

2H LOCATION

22e ADDRESS

CITY OR TOWN

STATE

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

DEGREE

Woodlawn Cemetery

MEDICAL STAFF PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22¢ DATE SIGNED

234 NAME OF CEMETERY OR CREMATORY

DAY YEAR

23d LOCATION
CITY OR TOWN
Woodlawn

Baltimore

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

FUNERAL DIRECTOR.

nould be detached oth the State Dept

MPORTANT: If He

ed or Item 18

MEDICAL

23a BURIAL, CREMATION, (SPECIFY) 9/28/81 Burial

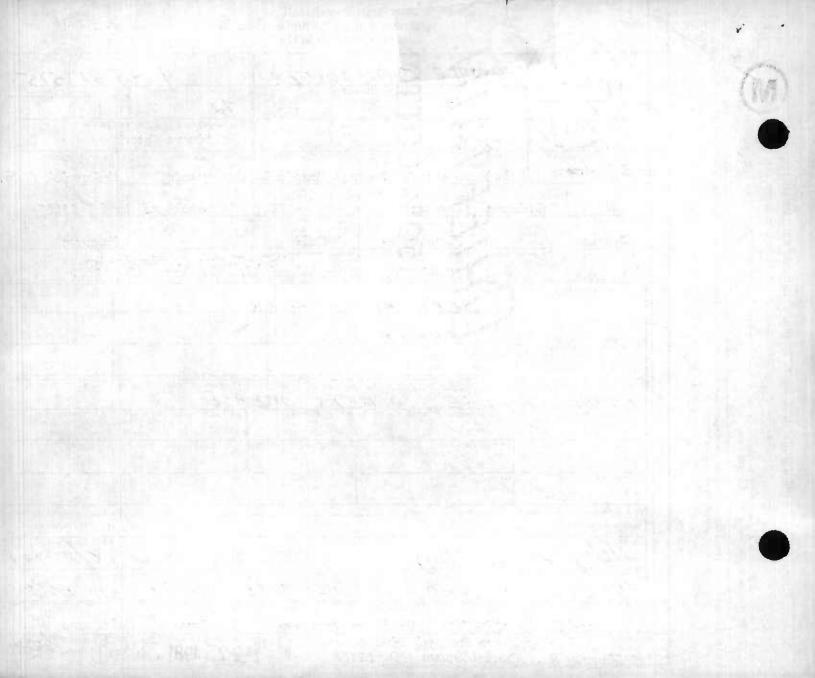
24 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd., Randallstown, MD 21133

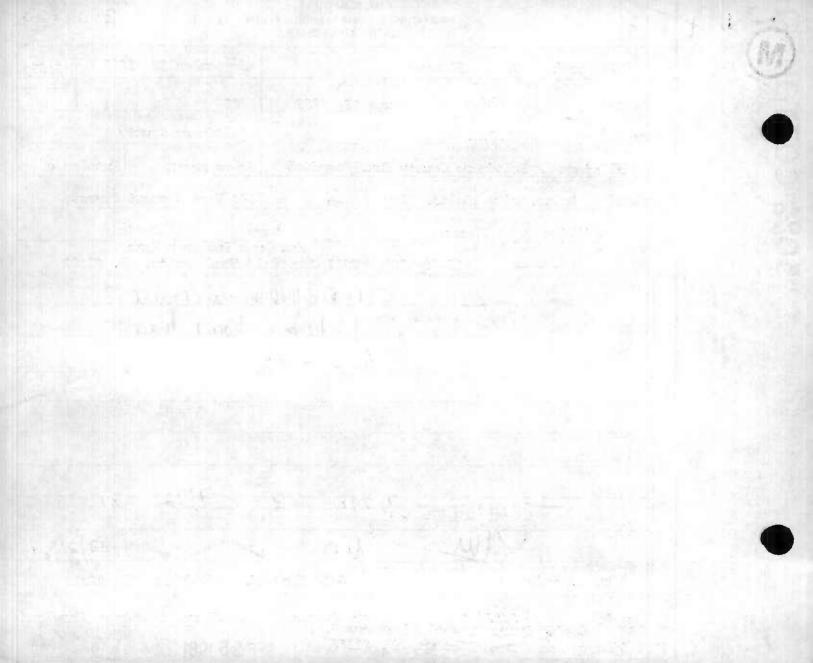
P.M.

MONTH

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

HOUR A.M.





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FOR

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

athilde

Vienna, Austria

No

White Oct. 23, 1905

USA

Housewife at Home Apt. #207

75

Baltimore x 111 Hamlet Hill Road - 21210 Maryland

Felix Otto Adler Hermine Josephine Heger

Apt. #208 21210 216-24-0654A Douglas F. Ford - 111 Hamlet Hill Road-

Surice out. IV. 1981 Draid address to the bull incre, Daryland-Sires

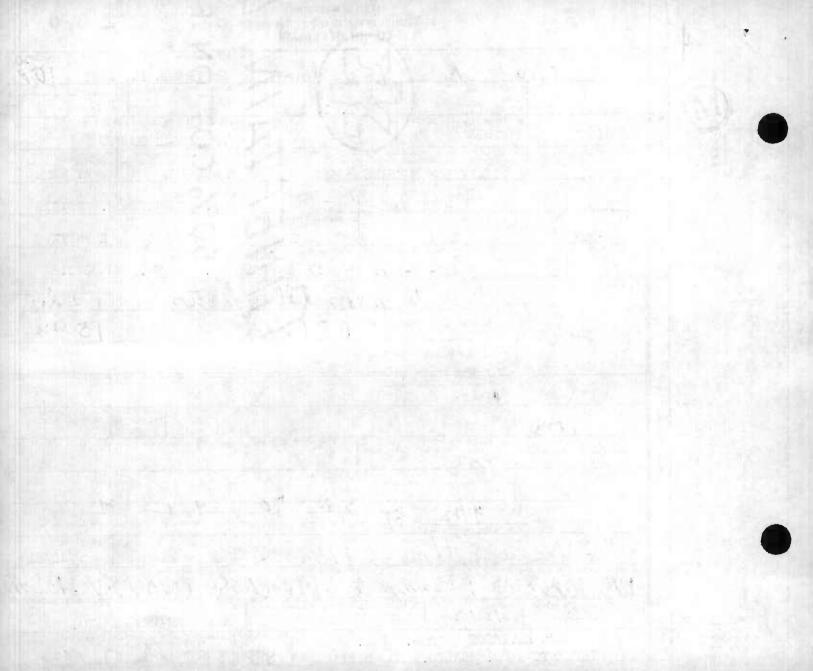
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4 1	Ta K	6.	J. JL				MONT	H DAY YEAR		MONT		HOURS MIN
000	W.	,	Zo B	RTHPLACE (STATE OR FOREIGN	WHIT			PT. 1, 1891	90	YRS.		
4 13	-	10	10 0	RUSSIA	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
de 1	1 6/	1		TY OR TOWN OF DEATH		OCRITAL AUTROIS	WIDOWI			RE COUNT		MD
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MAKTLAND ed within 24 mpletely filled	Janin Jan		14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
m ted	072	)(C		HARRY		RADIN		ESTHER	RACH	AEL	RUBNI	ΤZ
xecu nd c	Pages	3	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT AL	LEN FREEDMA	V\$S		
Du o	an a	4		NO		415-07-	3575	6017 HIGHG	ATE DR. BA	LTO., MD	212	15
cate be exec	vol.		4	18 CAUSE OF DEATH Enter or	nly one couse per	line far (a), 151 or	nd Ic	1 1	11			ATE INTERVAL
phy lphy	emo			PART I. DEATH WAS CAUSE	TE CAUSE (a)	aculi	m	vocardal	infaretros		1-2	Ru
ding h ce	or r ofic			4100	DUE TO OF	AS A CONSEQU	ENCE OF	n = 01/1/	) /			
he death of	fion,			Conditions, if ony, which	( (b)	710 71 00110200	Linez G	ASCV1		Pr 93	15	915
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that by	ol, cr			underlying cause last.	(c)	AS A CONSEGO	LINCE OF					
gned	buric buric ry. o			PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART lia	
requ	in to		O		mone							
records low requires	prid ony	2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WE	RE FINDING	SUSED
NG PHYSICIAN: The attending physician.	if pe	1	TIF	mi			800		YES NO	YES [	CAUSES	NO []
hysic	Hygier 18 shov	5	G	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY A. MONTH D.	AV VEAD	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
9 P	tem 1	7	CAL	OR CONTRIBUTING CAUSE OF DEA	~	- A	19	300000				
PHYS ndin	d Me		MEDICAL	21d INJURY OCCURRED	21e. PLACE C	F INJURY		211 LOCATION	CITY OR TO	NA/NI C	COUNTY	STATE
e offe	h on rked	ы	2	AT WORK AT WORK	(AI HOME SIRE	ET PACTORY, OFFICE, I	FARM, ETC.}	1		****		STATE
AP Or A	ealt mo			22a. I certify that (1) (this hospi	tal) ottendedehe	eceased fram_		3/8 1970	_, to	198	th.	at (I) (we) last
TTEP Prito	of H			saw the deceased alive on abave, (I) (we) (did) (did no	it) view the body	ttor doub	5/ , 01	nd that in (my) (our) opinion	death accurred ag the d	ate and hour and	fram the co	uses stated
has has	ept.			22b. SIGNATURE	III VIEW THE BODY	aner death.	1	DEGREE			22c DATE SI	GNED
the the	te D			12 //m	sul F	Many	will	ATTENDING PHYSICIAN	MEDICAL STA		9/	12/81
PIT PA	Sto			224. PHYSICIAN'S NAME (TYPE C	PRINT)	00 40 / 1 4	1	22e ADDRESS	DIRECTOR   PHISIC	IAN	3/	12/01
O HOSP etained b	with the Stat			DR- MOU	RICE 1	EDLAN	DONG	18 6610 C	ROSS CO	UNDY.	RV.	13 LVI.
2110-				URIAL, CREMATION, REMOVAL BURIAL	9/14/	81 DA	TTTMO	EMETERY OR CREMATORY	23d LOCATION	cou	JNTY	STATE
17 UBP_	-	-	24 51						REISTERS		ALTO.	MD
DHMH - 16.5 (VRA 15				NAME	LEVINSON	& BROS.	, INC	• 25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SSIGNATU	RE
			- 6	010 REISTERSTO	WN RD.	BALTO.,	MD 2	1215 SF	P 1 5 1981	Many C	200	70



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- /		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	EXAMIN	EK 3 C	LAST	CATEO		o. DATE KN	REG. NO.	MONTH	DAY	YEAR	2b. HOUR
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PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	14	ROBE	S. DATE OF BIRTH	BER	6. AGE (IN YE	PF	GAE DER 1 YR.	IF UNDER	04 UDC 12			MONTH	9 1	981 YEAR	2d HOUR
SHA				MONTH DAY	YEAR	LAST BIRTHD	AY) MONTE	DER I IR.	HOURS		RONOUNCE DEAD					2:26
39020	Mal	RTHPLACE (STA	White	2/12/21 7b. CITIZEN OF WI	HATCOUL		RS.				BALTIMOR	E CITY OR	9		981	D W
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220		aryland		11. NAME OF HOS		PSING HOME	WIDOW		DIVORCE		Baltir AL OCCUPAT			12b. KINE	OF BUS	MD.
PELAY IS TO THE P SE PIEED	F	Parkvill	le	Hillen	dale	Shoppi	ng Ce		11014	FOR MI	arpen	G LIFE)	F WORK	Con	NIDITISTE	V
AD. 21201  1. IF ANY DELAY IS 1  2. AND 3 TO THE F  3. RETAIN PAGE  2. SHOULD BE FILED  AL RECORDS. 2011	130. S		13b. COUN	or other institution, gi htty timore	13c CITY	OR TOWN ervill	,	13d INSIDE (I	NO 🔀	13e. STRE	505° B	erans	Ro	ad		
T., BALTIMORE, MD.: UURS AFTER DEATH. IF NUTH FORM PM.: IT, PAGES 1 AND 2 ST. IT, DIVISION OF VITAL	14. FA	THER'S NAME		WIDDLE		LAST		F	ER'S MAIDE		MIDGI	LE .		LA	ST	
DEATH AND SES 1, AND S		Robert	t			aede		Ē	Elizal	beth			$Z_{i}$	apf		
BALTIMORE, S AFTER DEA GIVE PAGES GIVE PAGES I PAGES I AN INISION OEV		AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORA	MANT		/	ADDRESS				
ALT ALT ANG ANG ANG ISIG		Yes	WM	/ II	220	03 05	556	Fre	ederic	ck C	. Gae	de	S	ame		
ST., BALTIMOI IOURS AFTER DI OURS AFTER DE I B. GIVE PAGE O WITH FORM MIT. PAGES 1 A JE, DIVISION O		18. CAUSE OF	DEATH (Enter or	nly one cause per line	far (a), (b	, and (c).)								BETWE	OXIMATE	NTERVAL AND DEATH
N ST.	1	PARTIDEA	TH WAS CAUSE	TE CAUSE (a)	Arte	rioscl	eroti	c car	diova	scula	ar dise	ease				
PRESTON ITHIN 24 H CIL IN ITEM LER ALON ANSIT PER AL HYGIEN REMOVAL		429	12		AS A CON	ISEQUENCE	OF									
AL FEA			s, if any, which													
OR TRIEN			stating the <u>under</u>		AS A CON	SEQUENCE	OF	1.2.1								
CUTED NE EXA		tying coos	e lusi.	(c)					100		3.					
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PRECA 54 HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING TO FUNCTURE ALD INFORMER AD SAHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELA	TEO TO THE TERM	IINAL OISEASI	OR CONDITION	N GIVEN IN PAR	RT 1 (a).						
L OF AMEA	ATK	190. DATE OF C	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20. AU	TOPSY?	
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N W W W W W W W W W W W W W W W W W W W	CERTIFICATION	210. EXTERNAL		21b. TIME OF				YAULNI WC	OCCURRED	D (ENTER NA	ATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PAR			
NO STATE OF THE ST		UNDERLYING CONTRIBUTIN	☐ OR G ☐ CAUSE OF	DEATH P.M		DAY YEAR	*									
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART OI PRIOR	MEDICAL	21d. INJURY O		21e PLACE	OF INJURY	(AT HOME,		CATION			- 1.5		- 11	100		
DIV HIS CI WRITI WARDE VARE 3 ATE D	W		NOT WHILE [	STREET, FAC	TORY, FARM, E	TC.)	S	TREET			CITY OR TOWN	131	cou	INTY		STATE
ATE. J ORV ORV JE. P		220 I certify	that I taak char	ge of the remains des	scribed abo	ve, held an	Autop	sy X,	Inspection		Inquiry [	], and i	n my ap	ınian		
CT C	-	death resulted	d from: Natu	oral causes K.	Acident	[7], Su	icid	, Hamic	ide .	Undeter	rmined mann	er ,				
KARY WITH		,	1 11/	1	111	7 -	1	TITLE (S	PECIFY)							
A H H H H H H H H H H H H H H H H H H H		ACTUAL SIGNATURE	VII	work	1/	su	M	Depu	ity_Ch	i entedio	CAL EXAMIN	ER	DATE	9	/13/	81
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5 <u>8</u> 4548	230. BL	JRIAL, CREMATI	ION, REMOVAL			NAME OF CE				23d. LOC	ATION		COUN	ITY	STA	TE
BP		Burial		9/16/81	12:00	Garde	ns o			Ba	alto. (	Co.,		M	d.	
DHMH - 17	24 FU	NERAL DIRECT	OR Hen	ry W Balt	nkins	& S	ons (	Co.	250. DATE R	REC'D. BY I	REGISTRAR	25b. REGIST	RAR	IGNATU	w	1.
(VR A15 ME (5)) 15M 2/80		4905	York F	Rd., Balt	0.,	Ma. 2	1212		SE	P 1	7 1981	Grane	60>	an	/ Karl	nav

Parkville

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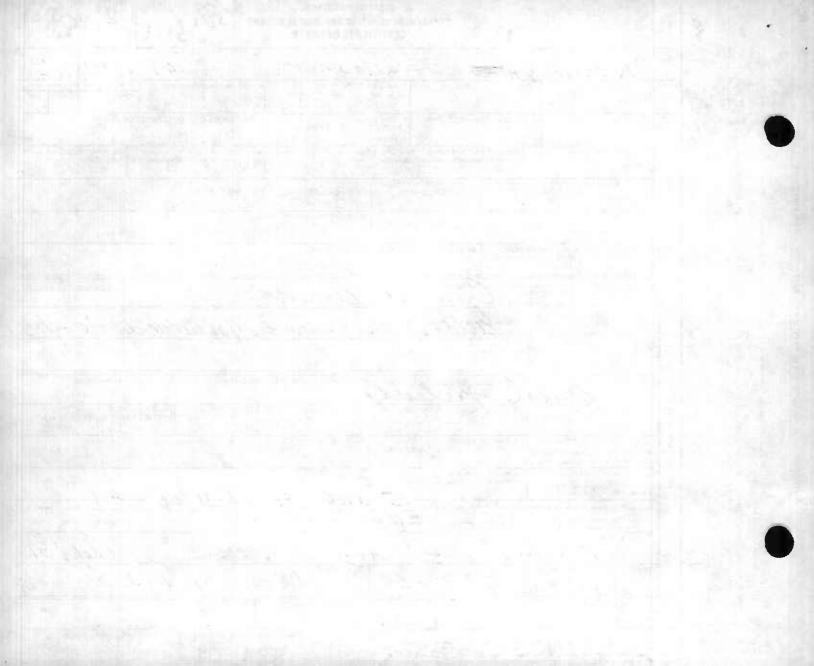
E. Johnson 8521 Loch Rayen Blvd

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REGISTRAR			CEIC	THICAIL OF DEATH	REG. NO.					
	ECEASED NAME	FIRST	MIDE	ME	LAST	20 DATE OF DEATH MONTH					
		Lliam	V.		Sallagher, Jr.	Septembe:	r 11, 1981				
3. SE			4 RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
	Male		White	Jul	Y 17, <sup>□</sup> 1900 YEAR	81	(RS.				
lu ¬B	COUNTRY)	FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH				
8	Maryland		U.S.A.		OWEDXX DIVORCED	Baltimore Co	ounty MD.				
I	Baltimore		214 Roc	illity, GIVE STREET ADDRESS		TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY Hardware Bus				
130.	Maryland	136 COUN		ERESIDENCE BEFORE ADMISSI CITY OR TOWN Baltimore	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 214 Rodgers	Forge Road				
1	William	V		allagher, S		e MIDDLE	Tolle				
	WAS DECEASED EVER (YES NO OR UNKNOWN) YES		WAR OR DATES!	213-05-5048		Gallagher 3RD,	2435 Chetwood Ci				
CERTIFICATION	Conditions, if ony, gave rise to immrouse (a), staffin underlying cause  PART 2. OTHER SIGN  190 DATE OF OPERA!	nediate g the lost. NIFICANT C	(c) ONDITIONS <u>CONT</u>		BUT NOT RELATED TO THE TERM		N GIVEN IN PART 1/0  IF YES, WERE FINDINGS USED				
RTIFIC						YES NO	PERTIFYING CAUSES OF DEATH?				
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	P.M.	MONTH DAY YE	9	RED (ENTER NATURE OF INJURY IN ITE.	M 18 PART I OR PART 2)				
MED	21d. INJURY OCCURE  WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE OF (AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	220.1 certify that (II) his haspital) attended the deceased from 19 , 19 , to 19 , that (II) (we) los sow the deceased alive an abave (II) we) (did) did not view the body ofter death.										
	22b. SIGNATURE	X	york	off	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE SIGNED				
	Benjamir		orkoff M.	.D.	7401 Osler	Drive, Towson,	Maryland 21204				
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		F CEMETERY OR CREMATORY	23d. LOCATION  CITY OR TOWN	COUNTY STATE				
-	Burial		9-15-8	Druid	l Ridge Cemeter		, Balto. Maryland				
Rt Rt	uneral director uck Towson	Funer	al Home,	Inc. Tows	York Rd 2120SE	P 14 1981 Than	GISTRAR'S SIGNATURE				

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTI	FICATE OF DEATH	PEG N	0					
		CEASED NAME FIRST		MIDDLE		LAST			AY YEAR	Zh. HOUR			
	(TYPE	OR PRINT)	Rosa K.	Gardner			Sontombon	20	7027	100			
	3 SE:		4. RACE		5. DATE	OF BIRTH	-			101			
	Fel	male	Canada	2 an	MONT	H DAY YEAR		M	IF UNDER I YEAR IF UI MONTHS DATS HOU ITY OF DEATH  ITY OF	HOURS MIN.			
		RTHPLACE (STATE OF FOREIGN				st 20, 1889		YRS					
F		COUNTRY)				D NEVER MARRIED	_						
200		ry land ITY OR TOWN OF DEATH					Baltimore	County	Y	MD.			
1			(IF NOT IN SU	CH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE					
U		tonsville					Seamstress	3					
C	130 5	TATE 136 COU	ROSA K. Gardner    ARCE										
1	_		more	Relay				igton A	IF UNDER 1 YEAR IF UNDER 2.  MONTHS DAYS HOURS  IY OF DEATH  TY  Ave.  LAST  PAPPROXIMATE INTERV.  SETWEEN ONSET AND DI  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH VES NO  PART I OR PART 2)  COUNTY STA  COUNTY STA  PART 1 OR PART 2)  126. DATE SIGNED 9/21/8.  PASVILLE, Md.				
	14. FA	THER'S NAME FIRST	WIDDLE	LAST					PART LOR PART 2)  VEN IN PART 1:0  S, WERE FINDINGS USED IFYING CAUSES OF DEATH?  COUNTY STATE  22. DATE SIGNED  22. DATE SIGNED  22. DATE SIGNED  22. DATE SIGNED				
0		Louis	Be	ckhusen		Lena	Pe	tzel	LAS	51			
				166 SOCIAL SECURITY NO. 17 INFORMANT MAG			Anna ADDRESS Boats						
	no	(IF TES, O	WAR OR DATES	215-22-	0045	8042 Liberty	Rd. Baltimore, Md. 21207			7			
		18 CAUSE OF DEATH Enter of	nly ane cause pe	r line for (a), (b), c	and ic				-				
		PART I. DEATH WAS CAUS	ED BY				art Failure	2	SE) WEEK	ONSET AND DEATH			
		4292											
		Conditions, if ony, which ( ) Interwscleratic cardiovascular disease											
		gave rise to immediate											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF THE PART A											
H	N O	1. Quanic Brain Sundanme 2. Right inquinal henria 3. Anemia											
7	CERTIFICATION	190. DATE OF OPERATION	- (1				200 AUTOPSY? 206 IF YES,		WERE FINDINGS USED				
1	IFIC						IN CERTIFYIN		ING CAUSES	NG CAUSES OF DEATH?			
3	ERI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		1216 HOW INJURY OCCURR				NO []			
7		OR CONTRIBUTING CAUSE OF DE	ALL I	(Enterminate of his									
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	21L LOCATION							
	ME	WHILE NOT WHILE IT			FARM, ETC )		CITY OR TOWN COUNTY STATE						
	200	sow the deceased alive as	Septem	ber 19.	21	, 19			9 01	that (I) (we) last			
		obove, (I) (we) (did) (did no	at view the body	after deuth.			leom occurred on the di	ate and hour					
	1.75								22c. DATE				
		James .	- , /	me	PHYSICIAN &	DIRECTOR PHYSICIAN 7/21/8/							
		Dr. James Rou		omicalth Assa Catomanilla Mi									
		110 Commonweath River. Calonst								Ma.			
	23a B	URIAL, CREMATION, REMOVAL	236 DATE	23(	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	67.15			
	Bi	irial	9-23-	81 L	oudon	Park Cemetery	Baltimore	City	Mar	yland			

DHMH - 16 50M 1/81 (VRA 15, 4)

PARENT PROPERTY PROPERTY PARENT PROPERTY P.A. 8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 256. REGISTRAN SIGNA NATURE SEP 2 1 1981 Paris

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STATE OF MARYLAND

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Gladden Kurtz

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TANK BASKS Company and the state of the st retal resident life side a 

		REGISTRAR	9/9/81 GA	CERTIF	ICATE OF DEATH	REG. N	0.	
m -c		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
deor		WADDE		GERA		SEPTEMBER	3, 1981	9:05 P
ector, p	3. SE	MALE	4. RACE BLACK	LIPAR	mber 3, 1925	6. AGE (IN YEARS LAST BIR	YRS IF UN	IDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
neral dir	(	RTHPLACE (SLATE OR FOREIGN OUNTRY) TH CAROLINA	Th CHIZEN OF WHAT	COUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF	
led within		ORT HOWARD	11. NAME OF HOSPI	TAL, NURSING HOME O		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C LABORER	ION I	ME 26 KIND OF BUSINESS OR NDUSTRY
33	USU/ 13a. S		OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION) ITY OR TOWN ALTIMORE	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 72 SOUTH M		PREEP
300	14 FA	THER'S NAME Phillip	MIDDLE Ge	rald Sr.	15 MOTHER'S MAIDEN NA Annie	AME	Leona	a rd
medicol 2			VE WAR OR DATES)	OCIAL SECURITY NO. 28 4178	17 INFORMANT Etta CLIN. RECDS.	Gerald 7	2 S. Mo	orlev St.
or removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o) MY	OCARDIAL F	AILURE			approximate interval BETWEEN ONSET AND DEATH
remotion ner traum		Conditions, if any, which gove rise to immediate couse (0), storing the		CONSEQUENCE OF	SCULAR INSUFE	PICTENCY		YEARS
ial, cre	1	underlying cause lost	( (c)					
or to buriol, or	TION	PART 2 OTHER SIGNIFICANT (		BUTING TO DEATH BUT		MIN AL DISEASE OR CON	DITION GIVEN II	N PART 110
ows any injury, or	TIFICATION					200 AUTOPSY?  YES \( \text{NOM} \)	20b. IF YES, WE	N PART 110  RE FINDINGS USED G CAUSES OF DEATH? NO
shows any injury, or	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (	21b. TIME OF INJU	BUTING TO DEATH BUT FOR WHICH OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH? NO
Amental Hygiene priar ta burial or Item 18 shows any injury, or		PART 2 OTHER SIGNIFICANT (  196. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE-	21b. TIME OF INJU HOUR A.M. A P.M. 21e. PLACE OF INJ	BUTING TO DEATH BUT  FOR WHICH OPERATIO  JRY  AONTH DAY YEAR  19	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TERM 18. PART 1.	RE FINDINGS USED G CAUSES OF DEATH? NO
ental Hygiene prior to burial Item 18 shows any injury, or	AL	PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE  NOT WHILE AT WORK  22a.1 certify that (this hosp) sow the deceosed alive an	216. TIME OF INJU- HOUR A.M. A P. M. 21e. PLACE OF INJ (AT HOME STREET, FAC	FOR WHICH OPERATION  JRY  AONTH DAY YEAR  19  JURY  10RY OFFICE, FARM, ETC.)  1005ed from JULY  3 19 81	N WAS PERFORMED  21c HOW INJURY OCCUR  211. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES, WE IN CERTIFYING YES THE TEM IS PART IN THE SERVICE OF THE SERVICE O	RE FINDINGS USED G CAUSES OF DEATH? NO OR PART?)  COUNTY STATE
tached for use as the burial-transit permit. Then ples e Dept. of Health and Mental Hygiene prior to burial if them 21 is marked or Item 18 shows any injury, or	AL	PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE  NOT WHILE AT WORK  22a.1 certify that (this hosp) sow the deceosed alive an	21b. TIME OF INJU- HOUR A.M. A P. P.M. 21e. PLACE OF INJ (AT HOME STREET, FAC	FOR WHICH OPERATION  JRY AONTH DAY YEAR  19 JURY LITORY OFFICE, FARM, ETC.)  19 3 19 19 19 19 19 19 19 19 19 19 19 19 19	216. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES, WE IN CERTIFYING YES THE NEW IS PART 1.	RE FINDINGS USED G CAUSES OF DEATH? NO OR PART 2)  COUNTY STATE  I from the couses stoted  22c DATE SIGNED
thed for use as the burial-transit permit. Then ples ept. of Health and Mental Hygiene prior to burial them 21 is marked at Item 18 shows any injury, or	AL	PART 2 OTHER SIGNIFICANT (  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE  NOT WHILE  AT WORK  AT WORK  220.1 Certify that (this hosp)  sow the deceosed alive on obove, (f. (we) (did) (d.)	21b. TIME OF INJU- HOUR A.M. A P.M. 21e. PLACE OF INJ (AT HOME STREET, FACE SEPTEMBER Priview the body offer of	FOR WHICH OPERATION  JRY AONTH DAY YEAR  19 JURY LITORY OFFICE, FARM, ETC.)  19 3 19 19 19 19 19 19 19 19 19 19 19 19 19	21c. HOW INJURY OCCUR 21l. LOCATION STREET  1981  ad that in ( our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED  CITY OR TO  CITY OR TO  DEPTEM  death occurred on the death oc	20b. IF YES, WE IN CERTIFYING YES THE TIME IS PART 1.	RE FINDINGS USED CAUSES OF DEATH? NO OR PART 2)  COUNTY STATE  I from the couses stoted

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STATE OF MARYLAND

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FOR

1. DECEASED NAME

REGISTRAR

a BIRTHPLACE (STATE OR FOREIGN

Pennsylvania

ID CITY OR TOWN OF DEATH

Rossville

Maryland

Matthew

(YES NO OR UNKNOWN)

4 FATHER'S NAME

CATHERINE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

Baltimore

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (a), stating

HE EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE AT WORK

77d PHYSICIAN'S NAME 21VIE OF PRINT

230. BURIAL, CREMATION, REMOVAL

21d. INJURY OCCURRED

underlying couse

White

76. CITIZEN OF WHAT COUNTRY?

U.S.A.

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

- STATE

(TYPE OR PRINT)

Female

COUNTRY)

13e STATE

No

CERTIFICATION

MEDICAL

3. SEX

STATE OF MARYLAND

5. DATE OF BIRTH

10

WIDOWED

GTZANSKI

1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Franklin Square Hospital

Dundalk

Porimski

166 SOCIAL SECURITY NO

213-09-3996

Senility

13c. CITY OR TOWN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

30

MARRIED NEVER MARRIED

17 INFORMANT

13d. INSIDE CITY LIMITS?

1892

DIVORCED

NO X

Bernice K. Gizanski

IS MOTHER'S MAIDEN NAME

Josephine

MIDDLE

Housewi fe

REG. NO

September 4, 1981

Baltimore County

(TYPE OF WORK FOR MOST OF WORKING LIFE

BALTIMORE CITY OR COUNTY OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

13e STREET ADDRESS 2439 Fairway

2a. DATE OF DEATH

Mayowski

126. KIND OF BUSINESS OR

7h HOUR

9:10a

**ADDRESS** 2439 Fairway Balto. MD 21222

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

IF UNDER 1 YEAR

INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

Decubitus Ulcer: Malnutrition: Dehydration

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)

211 LOCATION STREET

CITY OR TOWN

COUNTY STATE

Th. DATE SIGNED

NO [

220. I certify that X (this haspital pattended the deceased from September 4 August Sentember 4 saw the deceased alive on \_\_\_\_\_ ., and that in (🎷) (our) opinion death accurred on the date and hour and from the causes stated 27h SIGNATIVE

DEGREE ATTENDING MEDICAL STAFF

22¢ ADDRESS

Oak Lawn Cemetery

200 AUTOPSY?

NOM

9000 Franklin Square Drive 21237 231, NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Burial	9/	8/81
. FUNERAL DIRECTOR	Duda-Ruck,	Inc.

G. Stuart

7922 Wise Avenue, Dundalk, MD 21222

236. DATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

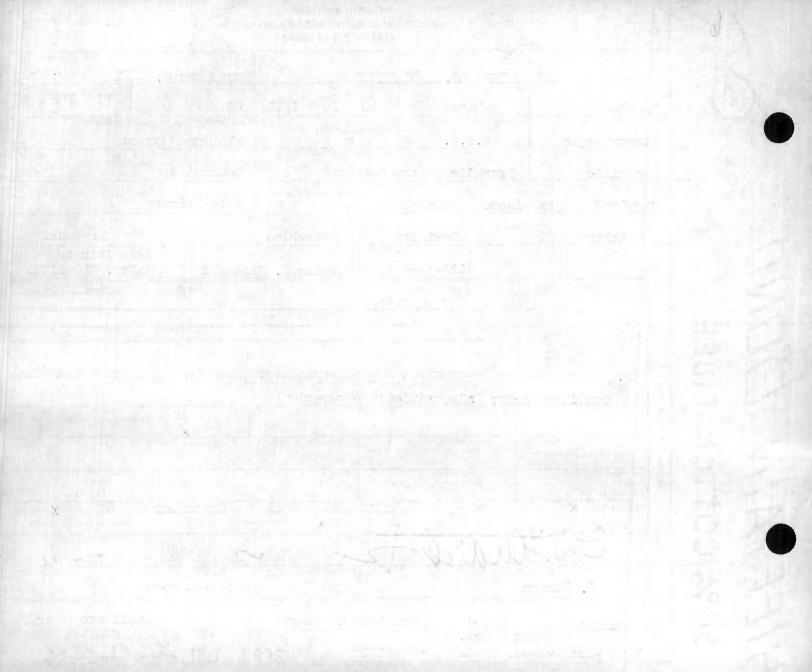
Baltimore

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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should b



STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

1111

rurlel 9/15/51 olly till emprish unrushs biltimore Co., P., ristins, Füssril Sone PA 1867 Old sestern Ave. opp 16/881 Zenze year

13 1 3 1 20 12 1 Buth donate The state of the state of the state of the state of The Shalle have that a bold the form of The state of the s Balance water But I To be water B A STATE OF STREET OF PARTY The state of the s There says Just 43.26 F I I I I I I DODING THE SECOND TO BE A SECOND

9. BALTIMORE CITY OR COUNTY OF DEATH Balto, County 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Gnau & Sons Retired 6801 Loch Raven Blvd. Denlein ADDRESS Estelle E. Gnau 6801 Loch Raven Blvd. BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY CITY OR JOWN and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated THE DATE SIGNE STAFF DIRECTOR PHYSICIAN Burial COUNTY STATE Redeemer Balto. Md. 24 FUNERAL DIRECTOR BY REDISTRAR 256. REGISTRAR SIGNATURE John C. Miller Inc. 6415 Belair Rd.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2b. HOU

HOURS

IF UNDER 1 YEAR

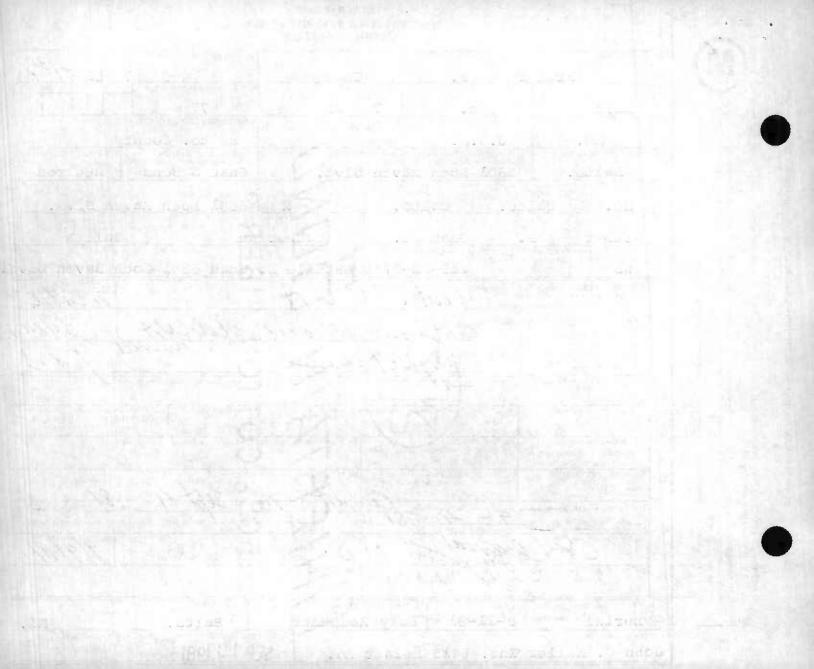
DAYS

FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)



7401 Belair Road

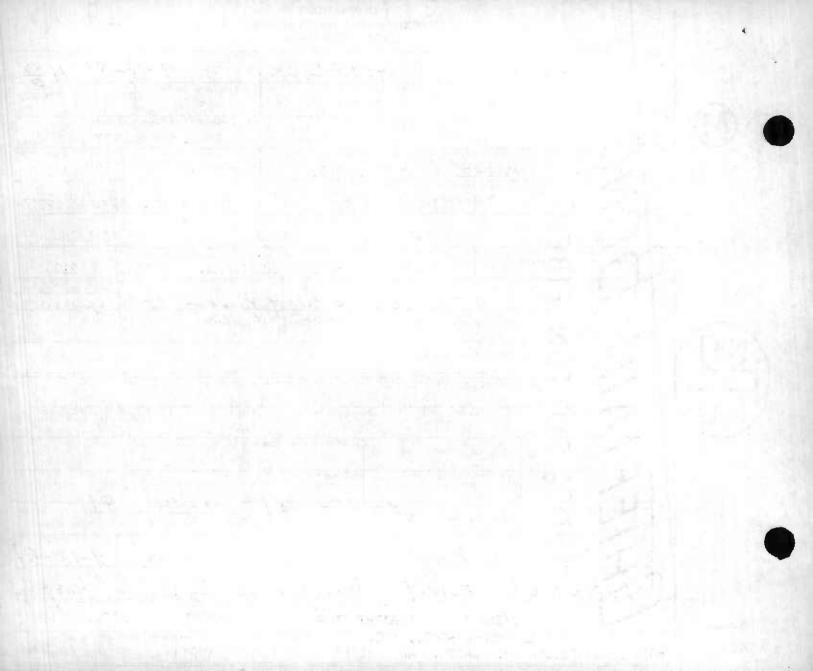
(VRA 15, 4)

Lassahn Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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, 6	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2259/ CERTIFICATE OF DEATH  REG. NO.						
may be page 3 er deoth			ON MIDDLE	C7	ORELICK OFBIRTH	20. DATE OF DEATH MONTH	1 OAY YEAR 26. HOUR 1 S S M		
ge 4 r	M	ALE	WHITE		ULY 16, 1889	92	MONTHS DAYS HOURS MIN.		
deoth. Poo	RI	RTHPLACE (STATE OR FOREIGN OUNTRY) JSSIA	7b. CITIZEN OF WHAT CO	OUNTRY? 8. MARE WIDO	NED XXNEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COL BALTIMORE	UNTY OF DEATH  COUNTY MD.		
ors ofter	R	TY OR TOWN OF DEATH ANDALLSTOWN	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES)  BALTIMORE COUNTY  R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS		N. HOSP.	(TYPE OF WORK FOR MOST OF WORK SHOE REPAIR			
in 24 hor y filled in thould be	130 S M	ARYLAND 136 COL	INTY 13c CITY	Y OR TOWN TIMORE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4 RUSSERN CT	C., APT. 1A 21215		
ompletely filled in by 1 and 2 should be fire		THER'S NAME FIRST DAVID		RELICK	15. MOTHER'S MAIDEN NA	RAH	MILLMAN		
cote be execut ysician and co opers. Pages 1 aval.		VAS DECEASED EVER IN U.S. A TES. NO OR UNKNOWN) (IF YES, G NO	IVE WAR OR DATES)	- 32 <b>- 2262</b> A		S. MICKI NAFÐIT RWOOD RD. BAL	TCH TO., MD 21208		
quires that the death certi- signed by the attending p hen please remove carbon to burial, cremation, or ren jury, or other traumatic ev	No	NO	NO	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBU	onsequence of	UR OUT RELATED TO THE TERA	and cure	N GIVEN IN PART I (a)
The law re ricion. The hos been sit permit. I grene prior shows any ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERAT	ION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO		
3 PHYSICIAN: The intending physicions in this certificate I the buriol-tronsit on different Mentel Hygie ced or Hem 18 sho		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DI LIFETTHER NOTIFY MEDICAL EXAMINI	HOUR A.M. MC		R	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2}		
ING PHYSICIAN: The low require ratherding physicion.  After this certificate has been signs of the buriol-tronsit permit. Then the hard Mental Hygiene prior to be acked or them 18 shows any injury or acked or them 18 shows any injury	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUI		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
AL OR ATTEND  v the hospitol o  tal DIRECTOR: A detached for use ore Dept. of Heal  II. If hem 21 is m		226, SIGNATURE Soon C		198	ond that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	medical STAFF	d hour and from the couses stated  22c. DATE SIGNED		
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote IMPORTANT:	23a E	SOON CHE	KL HO.	23C NAME OF	Baltiners CEMETERY OR CREMATORY	County Cer	resol Hospital		
200 BP		SPECBURIAL	9/20/81	SHAAF	REI ZION	ROSEDALE	BALTO. MD16		
DHMH: 16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR SOL D10 REISTERSTO	LEVINSONG BI WN RD. BALT	ROS., INC	21215 25a. DA	FP 23 1981	GISTRAPE SIGNATURE LATTE		



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STATE OF MARYLAND

STEER OF SECURITY INSET , SECURITY SEEMS. dress theristal Common Wulti-Medical Conten (Edokic Relational Adventical Maryland Saltimora w 3501 St. Paul St. Nathaniel G. Grade Mary A. Smith 218 01 0116, Cacil O. Grusty, Balto., Nd. 31 Pr. William F. Renner, M.D. | 2222 St. Pail St., Balto., Md.

Burial Druid Ridge Fingaville, I Wd.

JECS YORK FOAR BARD., NO. 21218 ..., 195 9 5 1981 Z.Laus Jeef

Henry W. Jankins & Sons Co., w

1	1.	FOR		DEPART		E OF MARYLAND EALTH AND MENTAL HY	GIENE 8	2 2	700	
	1.	REGISTRAR				ICATE OF DEATH	REG. N	175		
m.e		CEASED NAME FIRS	of	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
age design		Fliz	abeth	Rosa		GRAUEL	Septembe	r 11, 198	31 12:37 <sup>a</sup>	
the set	3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST 8		ER I YEAR IF UNDER 24 HRS	
IVI		Female	White			17, DAY 1902 YEAR	78	YRS	No.	
30		RTHPLACE I STATE OR FOREIGN	N 75 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
31 2	Maryland  10 CITY OR TOWN OF DEATH			USA		D DNORCED		re County	176 KIND OF BUSINESS OR	
1 57		Essex	Frank	11. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)  Franklin Square Hos		pital	(TYPE OF WORK FOR MOST OF WORKING LIFE)			
	13a.		NG OTHER INSTITUTION GIVE RESIDENCE BEFORE  13. CUTY OR TO  Baltim		WN 1136. INSIDE CITY LIMITS?		S?   13e. STREET ADDRESS   1561 E. Northern Pa		Parkway	
12 sh	14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			7	
300	L	William	WOOLE .	Grauel		Rosa	M.	Spin	ndler	
Poges Tedical		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT	ADDR			
S. Po		No		705-05	-9580	Mr. Harry W.	Grauel 28	Aintree H	Road	
an paper emaval.		18 CAUSE OF DEATH (Ent.	ter anly one cause pe	r line far (a , (b), an	d (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ig phy canpa remay			EDIATE CAUSE (a)	Cardiopu	Imona	ry Arrest				
endir corl n, or motil	2	2000		R AS A CONSEQUE						
move notice trou		Conditions, if any, which	th (b)_	Staph Au	reus	Bacteremia				
by the		cause (a), stating the underlying cause lost.  (c) Renal and Hepatic Failure								
o io		PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TER	MINIAL DISEASE OR CON	UDITION CIVEN IN	DADT 1:-	
Then to bu	Z	The street of th		CHANGE THAT TO TO	DEATH BOT	NOT KEEATED TO THE TERM	WIINAE DISEASE OR COM	TON GIVEN IN	PARI IId	
mit prior	CERTIFICATION	190 DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS US			
N S S S S	I I	NOT THE REAL PROPERTY.					YES NOW YES NO NO			
Hygie 18 sho	CER	21a. ACCIDENT WAS UNDERLYIN	110110	OF INJURY	AV VEAD	216 HOW INJURY OCCUP	A	hand		
Mental Hy or frem 18:	CAL	OR CONTRIBUTING CAUSE OF	DE DEATH	.M. MONTH DI	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM ETC.)	211 LOCATION	CITY OR TO	OWN CO	DUNTY STATE	
olth and marked	2	WHILE NOT WHILE AT WORK	]	TELL PROPERTY OFFICE P	ARM EIC)				4	
dealt is mo		22a Certify that 🗶 (this	haspital) attended th	ne deceased fram	Augus	24 . 19 81	septem	ber 11, 8	that (we) lost	
12 - of t		saw the deceased aliv	e an Septem	er 11 19	.81 . ar	d that in 🎷 (aur) apinion	death accurred an the c	late and hour and fr	ram the causes stated	
detached ate Dept T. If hen		Leven	1	der, M.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	9-11-81	
should be deto with the Store [		226. PHYSICIAN'S NAME (	TYPE OR PRINT)	Es Hil		22e ADDRESS			4 11 01	
POR POR		STEVEN	B. SNYC	EFS HIL	),	9000 Frank1	in Square [	Orive 212	237	
± 5 3 ≥	23a E	URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION			
		Cremation	9/14/	81 I	oudon	Park Cremate	ory Baltin	more Ma	ryland STATE	

DHMH-1650M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. 1050 York Road

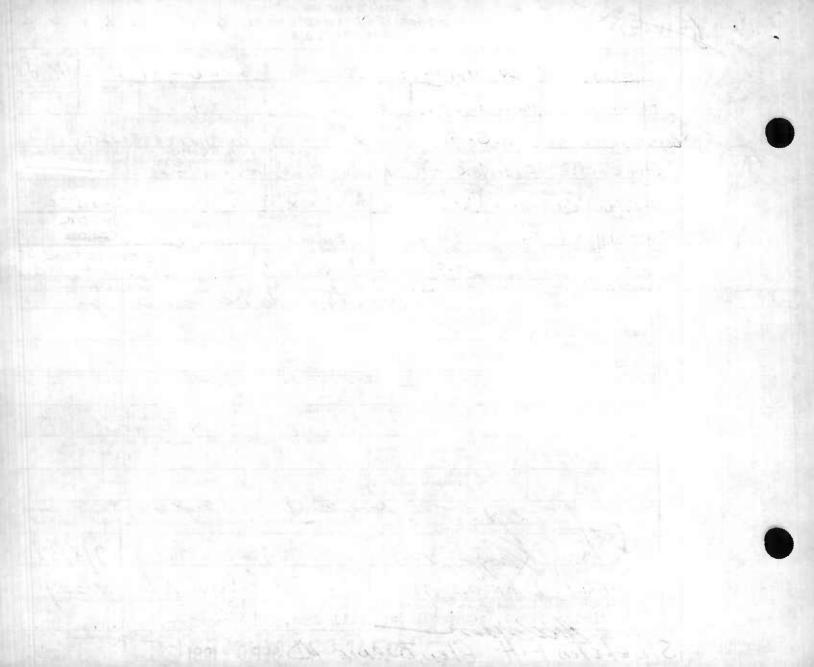
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Takie 1919 - 191 . I. I to D. S. C. I. Lectoral Little to brand children year. Tours organism . Heart E. Brente Portuge gentles in seed several THE COURT OF THE PARTY ST COMMENT OF THE PROPERTY OF bout the are the prince and the prince of th Edge Local Constant Hole, I. c. 1000 Tark Note (18) A 4981 Missey May Park

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(VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



ADDRESS

300 MACE

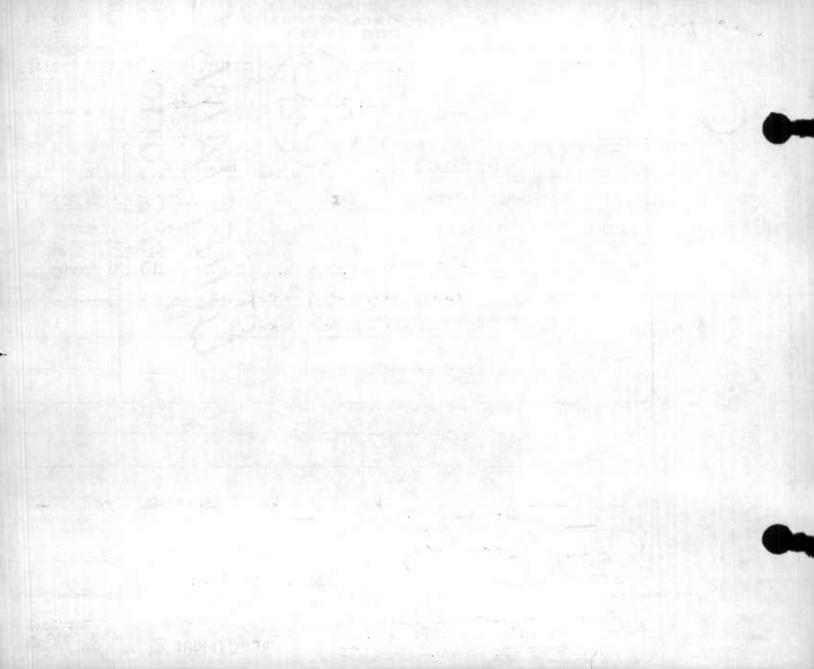
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DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

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6010 REISTERSTOWN RD. BALTO., MD

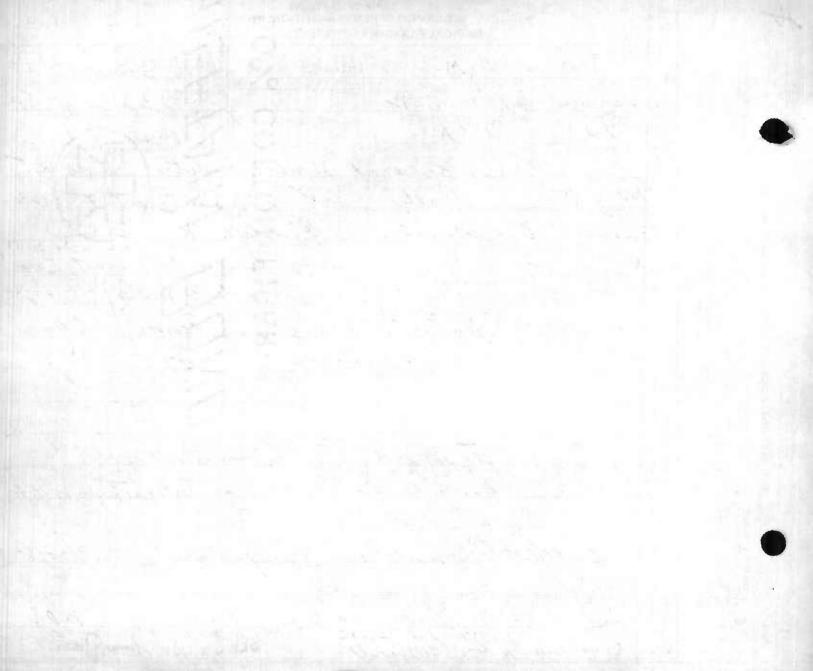
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



4	1	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8	REG. NO	2	2 /	0 3
1000		CEASED NAME	FIRST	MIE	DDLE	L.	AST	20. DATE O	F DE ATH	MONTH DA	Y YEAR	26. HOUR
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may r, pog ter de	3. SE	C		4. RACE	4000	5. DATE C		6. AGE (IN	YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
4 of		Female		Caucas	ion	6 MONTH	19 1898 1		83	YRS	DATA DATA	HOURS MIN.
Traile In-	Jer Bi	RTHPLACE (STATE OF	R FOREIGN 7	b. CITIZEN OF W	HAT COUNTRY	8 MARRIE	D NEVER MARRIED	9 BALTIMO	ORE CITY OF	COUNTY	OF DEATH	
		Bowie,		U.S.A		WIDOWE			imore	County	7	MD.
The Bo	10 C	TY OR TOWN OF DE	ATH 1		SPITAL, NURSI		OR OTHER INSTITUTION		OCCUPATION OF FOR MOST OF		126. KIND O	F BUSINESS OR
3 30		Towson	- 12	Stella	Maris	Hospic	ce		emaker		n/a	
t how	.₩SU. 13a. S	AL RESIDENCE (# NUI	136 COON	OTHER INSTITUTION, G	VE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	186 STREET	ADDRESS			
filled hould		Md.	SF	9/40.	Baltim	ore	YES NO	5435	Whitl	ock Ro	oad	
within within	14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	MIDDLE		LASI	1
app 31	)	Frank			Thom		Mary				Worl	
Poges		VAS DECEASED EVE		MED FORCES? 1	66 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	SS		
S. Po		no			214-20-	7147	Stella Ma:	ris Hos	pice D	ulaney		
physicia npoper movol.		18 CAUSE OF DEA	TH (Enter only	y one couse per li	ne for (a), (b), o	nd (c).)		4 - 1	100		BETWEEN	MATE INTERVAL DISET AND DEATH
-000		PARTI, DEATH	IMMEDIATE	CAUSE (a)	neumoni	a						
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O H B O		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M.		AY YEAR	I I I I I I I I I I I I I I I I I I I	TALL LENTER N	ATURE OF INJURY	IN HEM 18, PAR	OK PART 2)	
er this certification is the buriol-to and Mental rked or Item	MEDICAL	(IF EITHER NOTIFY MEI		P.M. 21e. PLACE OF	INTITION	19	21f. LOCATION					
the things	ME	WHILE   NOT V	VHILE 🗀	(AT HOME STREE		FARM, ETC.)	STREET		CITY OR TOW	/N	COUNTY	STATE
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TOR: for us of Hec 21 is r		22a.   certify that (	sed plive on_	9/5 /	19_	81	nd that in (my) (our) apinio	on death accurr	ed on the do	te and hour		that (I) (we) last couses stated
ed for	1	obove, (I) (we)	(did) (did not	view the body of	ter deoth.		DEGREE				22c DATE :	
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FUNERAL DIRECTOR: old be detoched for us the Stote Dept. of He ORTANT: If Item 21 is		224. PHYSICIAN'S N	JAME ITYPE OR	PRINT)			PHYSICIAN 27e ADDRESS	DIRECTOR	PHYSICI	AN []		
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a.	M PW		dearle	- 6	2. 0	Jan	ke	El Co	leach	eth	K.	6	Lamel	
MO	ORA ONO	16a. W	'AS DECEASED EVE	ER IN U.S. ARME	D FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORM	MAN	0	ADDR	ESS Jeel	elm, hu	- 21047
BALTIMORE,	URS AFTER DEATH  B. GIVE PAGES 1, WITH FORM PM  IT. PAGES 1 AND 2  DIVISION OF WITH		No	-		1		Jacaly.	w the	uma	N 321	13 a	ecit ,	Lone
:	24 HOURS AF ITEM 18. GIVI LONG WITH I PERMIT. PAG GIENE, DIVISION		18 CAUSE OF DE	ATH (Enter only	one cause per lie	ne facing (b), on	d (c)() / /	-		/	, ,1	11	AFFECTED AFF	TERVAL ND DEATH
W. PRESTON ST	N 24 HOUR IN ITEM 18. SIT PERMIT. HYGIENE, DI		PARTIDEATH	WAS CAUSED I		11/12/	Tiple	Maur	nalie	Neon	C+/te.	de de	1 1/2	HV
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3	UTED WITHING IN PENCIL EXAMINER ITAL - TRANSON, OR READON, OR READ		couse (a) stati	ing the under-	DUE TO, O	R AS A CONSEC	QUENCE OF				U.S.	0	11	
201	SHOULD BE EXECUTED WITHIN 24 HOUDDED "PENDING" IN PENCIL IN ITEM 18 CHIEF MEDICAL EXAMINER ALONG YELUSED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, URIAL, CREMATION, OR REMOVAL.		lying couse lo	\$1.	(c)	( d)	rein	10 cert	206	he	bul		1-	4/2
SQ.	A PRINCES		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATED 1	O THE TERMINAL OIS	EASE OR CONDITION	GIVEN IN PART	1 (a).	1		1	
0	WOON EN	NO N												
2	J. J. C.	3	19a DATE OF OPE	RATION	196 COND	ITION FOR WHI	CH OPERATION	WAS PERFORM	MED?		7	1.15	20. AUTO	PSY?
DIVISION OF VITAL RECORDS,	NER: THIS CERTIFICATE SHOULD E ICATE, WRITING THE WORD "PEN FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED AN THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, CI	CERTIFICATION											YES (	NO D
9	AEN AEN	W	210 EXTERNAL CA	_	21b. TIME O	DF INJURY		HOW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 OR F	PART 2)	1
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	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S NAM	۸E				ADDRESS						
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI	23g. BU	RIAL, CREMATION	J. REMOVAL 731	DATE	- 1770 MAN	AF OF CEMEIER	ADDRESS	RY	23d. LOCATIO	ON		0	
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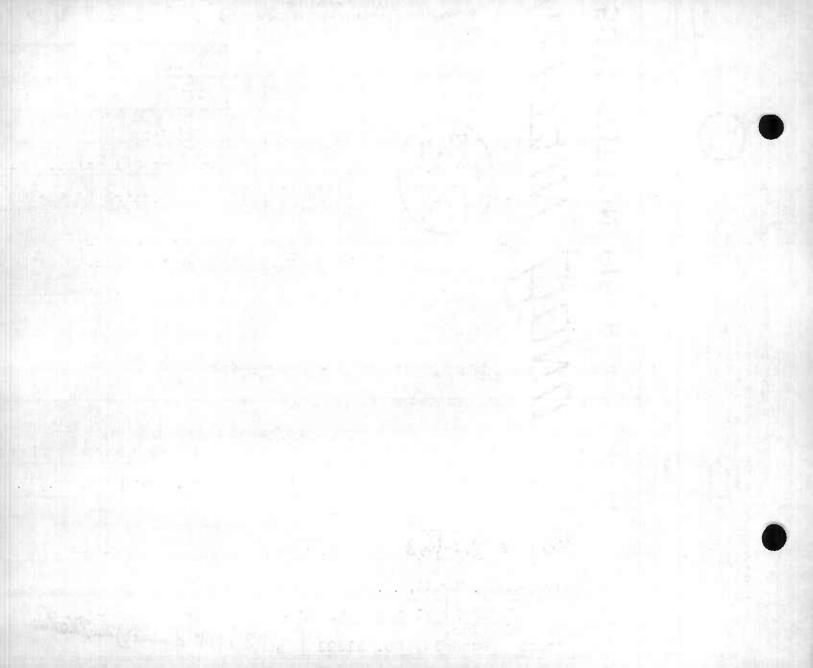


DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN DO TYPE OR REINT) ESTI-Kenneth DEATH MATED Ha11 4 RACE 6. AGE (IN YEARS SEX 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED July 17,1908 Male White 73 DEAD YRS Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Baltimore County, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Greater Baltimore Medical Center Towson Landscape design | Landscaping USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Towson 420 Hillen Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Harry Hall Alice Drane 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW II 215-05-6647 Gladys S. Hall Same as #13. 18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c). BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES -DEPARTMENT OF PRIOR TO BUR SHOULD BE 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY ( AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY WHILE AT WORK O FUNERAL DIRECTOR: PAGE X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Matural causes Hamicide \_ Undetermined manner AFTER DEATH, Charles F. O'Donnell, M.D. ADDRESS 7501 York ROad Tows on . Md . 21204 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23r NAME OF CEMETERY OR CREMATORY SPECIFY) COUNTY STATE Burial Fallston Church Cem. Sept. 22, 1981 Fallston Harford, 24 FUNERAL DIRECTOR 1050 York Road **DHMH-17** (VR A15 ME (5) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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u		STATE REGISTRAR			ME		EXAMIN						REG. NO			
		CEASED NAME	FIRST	WID		MIDDLE	100		LAST	ND		OF	NOWN X	MONTH	DAY YEA	R 26. HO
	3. SEX	( I	L RACE	VID	OF BIRTH	EDWA			HAMMO	TIF UNDER	2.24 UDs	DEATH /	MATED _	9-2	DAY YE	40 01.110
		ale	white	10	10	62	LAST BIRTHO	AY) MONT	HS DAYS	HOURS		2c. DATE PRONOUNC DEAD	CED	741-01-11-1	7-81,	7:31
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14		ATHER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAID		MID	DLE		LAST	
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	{Y	ES, NO, OR UNKNOW	(IF YES, GIVE	E WAR OR DA	TES)	1111	-80-1								pt.A- o.MD.	
ľ		18. CAUSE OF	DEATH (Enter or	D RY.											APPROXIA BETWEEN OF	ATE INTERVAL
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		lying cous		1		AS A COR	NSEOUENCE	OF							12.71	
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	IFIC.			Ι.	NO CONTO	HONTOK	WINCHOPER	ATION W	A3 FERFO	MED:					20. AUTOP	
5	CER	21a. EXTERNAL	CAUSE WAS	2	Ib. TIME O	YAUNTH	DAY VEA	21c. H				ATURE OF INJUR				
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			that I taak char	ge of the r	emains de	scribed obc	ove, held an	Autop	y 🔼 .	Inspectio	n .	Inquiry [	, and	d in my op	inian	
		death resulted	from: Natu	rol couses	$\square$ ,	Accident	XX, Su	icide	, Homi	icide	Undete	rmined man	ner .			
1		ACTUAL	Ma	wit	- M	242	,00		,	SPECIFY)				D.A/TE	20 01	
		SIGNATURE	0 -00	J	<u> </u>	C (P)	100-	M	DASS I	stant	MEDI	CALEXAMIN	VER	SIONE	28-81	
L	1000	EXAMINER'S N (TYPE OR PRIN		arit	a A.	Korel	LMD		ADDRESS_	111 P	enn S	treet				
	23a. 81		ON, REMOVAL			23ε. 1	NAME OF CE	AETERY O	RCREMAT	ORY	23d. LOC	ATION		COUN	ity	STATE
	24 EI	Buri		10/1	/198	31  Be	el Air	Mer	n. Go	ins.	Bel	Air	На	arfo	rday	MD.
	70	NAME 22 Wis	or Duda- se Aven	Ruci	ADDRESS	nc.	E MID	21	222	SER	30	1981	MANCE.		in the	-
	13	CC AATS	e Aven	ue	ושעו	Mark	c, MD.	21.	222	SFI	00	,55.		-		



3	1 - FOR REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYD  CERTIFICATE OF DEATH	SIENE 8 1 2 2 7 0 9
ре 14 14	1. DECEASED NAME FIRST (TYPE OR PRINT)  WALTER	L. HANRAHAN, Sr.	REG. NO.  70 DATE OF DEATH MONTH DAY YEAR 76 HOUR  9 20 81 0:15 P
ge 4 may	3 SEX 1 RACE	S. DATE OF BIRTH MONTH DAY YEAR 09 19 03	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
G the Gath	COUNTRY) MD US	OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County of DEATH Baltimore County
ors offer of the filed	Randallstown, Md Balt	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION N SUCH FACILITY, GIVE STREET ADDRESS) CO GENERAL / Hosp	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  SALESMAN  17b. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY  BAKEYY
AND 21.	USUAL RESIDENCE (IF NURSING HOREOR OTHER INSTITU 130. STATE CAVROL	TION GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN 130 INSIDE CITY LIMITS? YES NO YES NO	130 STREET ADDRESS / //crest Drive
ompletel	John Edward	HANNAHAN AST CE	Helen Foyist
be execution and control on and control or services.	160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO ORUNKNOWN)  (IF YES, GIVE WAR OR DATE		wahan, Jr Reisterstown Wd
of W. PRESTON ST., BAI that the death certificate d by the attending physical lease remove carbonapapes ial, cremation, or removal. or other fraumatic event, th	Canditions, if any, which gave rise to immediate	Or. OIDATION ADDICE	
The law requires cian. The law requires sin permit. Then p giene prior to bur shaws any injury, it		S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  BRO VASCULAR A CCIDENT,  ONDITION FOR WHICH OPERATION WAS PERFORMED	
ision of vii	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  21e. PLA	AE OF INJURY P.M. 19  ACE OF INJURY E, STREET, FACTORY, OFFICE FARM, ETC.)  AE OF INJURY STREET  21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
DIV OR ATTENDING THOSPITAL or of INECTOR: And Ched for use as Oept. of Health of Hem 21 is mark	270.1 certify that III This hospital) attended sow the deceased alive on above. If (we) (did) (did hat) view the base 17th SIGNATURE	/20/ 19 87 and that in (met Taur) anining	, to 9/20/, 19-87 , that the (we) lost death accurred an the date and hour and Iram the causes stated
TAL On the RAL Description of the Control of the Co	27d. PHYSICIAN'S NAME (TYPE OR PRINT) A K CHOPRA	as Chima MRBS ATTENDING	MEDICAL STAFF 9/20/81  DIRECTOR PHYSICIAN P 9/20/81  THE COUNTY HOSPITAL
TO HOSP retoined by with the Should he Should	230. BURIAL, CREMATION, REMOVAL 236 DATE  Burial Sept		MALLSTOWN, MD 21133  KISGLOCATION Sykesuite Caunity AVVOIL WITH
DHMH - 16 50M 1/81 (VRA 15, 4)	Hy Schlandt	Owings Mills had SEP	TERECID. BY REGISTRARIZE REGISTRAR'S SIGNATURE

ALT WAS A STATE OF THE STATE OF Telm y Delivered Sellingian 1982 Charles beautiful and the The same of the sa SECULAR SECU Burear Star British Co. Street Back Systemathy Charles Hill berneling at the best

è	25	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	Lu da	1 0
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ŠE 9		3. SE	x	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		
96	(MA	5	JALE	I WHI	TE	FSB	7 1920	61	YRS.	HOURS MIN.
Pa B	MARIO	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
eoth lifering	7	6	SURGIA	10.5.	A.	WIDOWE		BALTIMOR	E COUNTY	MD.
e f	de de	10. C	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KIND (	OF BUSINESS OR
offin y th	B 30 8		towson	ST.	JOSEPH H	OSPIT.	AL	OPERATO		
MARYLAND 2120 ed within 24 hours impletely filled in b	be fi	UsU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)			N INTIE	4. 2185F
24 h	Plo self	130.	STATE 13b. CO	ALTO.	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	TOOLS (	1.10
LAP hin hin	of show	14 F	ATHER'S NAME	47.10.	CARNE	9	15 MOTHER'S MAIDEN NA	1901 O	MIARIO F	115.
AR.	10 % 20 M		FIRST	MIDDLE	LAST		FIRST	WIDDLE	LA	.57
	0 000	1	WAS DECEASED EVER IN U.S.	V.	HARU 166 SOCIAL SECL	17	MAMMIE	ADDR	Slav	ER
BALTIMORE, ote be execu	Poges		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	168 SOCIAL SECT		17. INFORMANT			
be on o	S E		UQ		322 36	5109	-AMILY	RECORDS		
BAL Sote	oper ivol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	pe for (0) / b), on	id (cl.)		LMONARY ARR	EST BETWEEN	ONSET AND DEATH
ST.,	emo			IATE CAUSE (0)	grasop	um	nary Hrre	56		
No h ce	or r or r		1629	DUE TO, O	AS A CONSEQUI	ENCE OF		A OF THE LU	NG	
ESTOI death	nian,		Conditions, if ony, which	(d)	arun	oma	of Lung			
h he	ema er tr		gove rise to immediate couse (a), stating the	DUETO	PAS MONISEOUT	ENICE OF	BRAI	N METASTASI	S	
201 W. PRESTON ST es that the death certined by the ottending is	d. cre	13	underlying couse lost.	(0,0	Brain	Me	tastasis		LIFE STATE OF THE	
	y, or		PART 2. OTHER SIGNIFICAN					NINAL DISEASE OR CON	IDITION GIVEN IN PART 1	01
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir offending physicion.	Ther to b	NO								
S s s s s s s s s s s s s s s s s s s s	prior ony	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI	
L RE lo he lo nn.	De se	F						YES NOT	IN CERTIFYING CAUSES	NO T
IITA	Hygie 8 sho	3	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY		21c. HOW INJURY OCCUR			
OF VI			OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH D.		Call Control			
YSIG ding	Mental Antenar dar Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.		19	21f LOCATION			
PH tend	and i	ME	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
DIV.	olth o					8-	17 81	9-11	8/	X
O. S.	Heoris		220 I certify that (X (this ho			PI	, 19	, to	19 3 1	that (h (we) lost
R ATTI haspit	n 21		sow the deceased alway obovex (At (we) (did) (and	wer) view the body	ofter death.		nd that in Xny) (our) apinion	deoth occurred on the d		
0 0 0	Dep f the	1.5	22b. SIGNATURE				DEGREE	MEDICAL STA		SIGNED
A T A	deto ote		AL	IT			ATTENDING PHYSICIAN [	MEDICAL STA		10-81
d b	TAN TAN		22d PHYSICIAN'S NAME (14)	PE OR PRINT)		Mark Control	22e ADDRESS 762	Or YORK ROA	D, TOWSON, M	D./
O HOSPIT etained by TO FUNER	should be deto with the Stote [ IMPORTANT: If		110	CI, PE	TER M.D.		STI JOSEP	45 Hospi	Baltom	4
5 5	5 3 ₹	23o.	BURIAL, CREMATION, REMOV	AL 23b. DATE	236. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP	1113	0	SURIAL	9-14-	1981 1	1500	309,300	BRUTING	COUNTY	ARY ARE
	DM 2790	-	UNERAL DIRECTOR		110111	121-10		E REC'D BY REGISTRAN		MY A
DHMH-16 30 (VRA 15		1	VANS FUNE	11/16	1 0 - APORESE	Las H	SE La L DI SE	P 17 1981	spaces Jan	kithen
		10	- HNS IUNE	VAL CA	wher go	00//	111-011			

July Para to 201-10-12 12 13 13 101-1

1		FOR			C	EPART	STA MENT OF		AARYLA I AND N		HYGIEN	È		2 :	2 /	1	1
W .	1-	STATE REGISTRAR			MED	DICAL	EXAMIN	IER'S	CERTIFI	CATE	OF DEA	ATH	REG.	NO.			
		CEASED NAME	FIRST	,		MIDDLE			LAST			20 DATE OF	KNOWN ESTI-	X MON			26. HOUR
	3. SEX		PATS	S. DATE OF	DIDTH	N.	6. AGE (IN Y		HARD IN		0.41100		MATED	□ 9	18	19 8 1	M
		nale	white	MONTH 1	16	29	LAST BIRTHE			HOURS HOURS	MIN	PRONOUN DE AD	NCED	9	18	1981	2d. HOUR 12:49 P M
-	Ja. B	RTHPLACE (STA		76. CITIZEN				T.			- 6	9. BALTIN	ORE CIT	Y OR COL	JNTY OF		I P M
(S		reign country)			S.A.		-	WIDOV	_	EVER MARR				e Cou			AAD
3	-	TY OR TOWN O andallst		11. NAME (	SUCH FAC	ILITY, GIVE S	RSING HOM TREET ADDRESS) eneral			UTION	Sen	JALOCCU MOST OF WOR	PATION	(TYPE OF WOR	Nat.	IND OF BU PRINDUSTI 1. Ba	NY Md.
<	13a S	TATE TYPLAND	IN NURSING COUN	OTHER INSTITU		E RESIDENCE	OR TOWN	ION)		(ITY LIMITS?	13e STR 32	EET ADDRE	e Ave	enue	2122	29	
	14 F/	THER'S NAME		MIDDLE			LASY		15. MOTH	IER'S MAID	EN NAME		UDDLE			LAST	
0	)	Jesse		MINNIE			Pence			Nora		M	NOULE		L	andie	S
	160. V		EVER IN U.S. AR	MED FORCES WAR OR DATES)	5?	16b. SO	IAL SECURIT	Y NO.	17. INFOR				ADDRI	ESS		21229	
-		NO	1, 165, 5116			216-	-24-36	97	Mr.	Lea A	. Ha:	rding	329	9 Yal	e Ave	enue	4, 4
		PARTIDEA		D BY: TE CAUSE (a'	)	Pul	I, and (c).) MONARY ISEQUENCE		omboer	mbolis	sm				BET	APPROXIMATE	INTERVAL AND DEATH
	-	gave rise	, if any, which to immediate tating the <u>under-</u> last.	DUE (b		AS A CON	ISEQUENCE	OF									
	NO	PART 2 OTHER SIGN	IIFICANT CONDITIONS	(c) CONTRIBUTING T		UT NOT RELA	TED TO THE TERM	AINAL OISEAS	E OR CONDITIE	ON GIVEN IN PA	RT J (o),						
	CERTIFICATION	190. DATE OF C	PERATION	19b. C	CONDIT	ION FOR	WHICH OPE	RATION	AS PERFO	RMED?					1.00	AUTOPSY?	NO [
3			OR G CAUSE OF I	HO	IME OF UR A.M. P.M.		DAY YEA	R 2Tc. H	OW INJUR	Y OCCURRE	ED (ENTER)	NATURE OF IN	JURY IN ITEM	4 18 PART 1 OR		TES LA	NO
	MEDICAL	21d INJURY OF WHILE AT WORK	CURRED NOT WHILE AT WORK			PF INJURY DRY, FARM, E			CATION			CITY OR TO	WN		COUNTY		STATE
13		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRINT	In	ral causes	×.	Accident		Autop vicide	, Ham	specify) sistan	Undet	Inquiry ermined mo		and in my ], DAT SIG		-19-8	1
	23 a. B	URIAL, CREMATI	ON, REMOVAL 2				NAME OF CE				23d. LC	OCATION OR TOWN		C	OUNTY	\$1	ATE
			ation	9/22/8			oudon				Ba	ltimo:				Mary	land
	-	UNERAL DIRECT			ADDRESS		, Md.			25a. DATE		REGISTRA	R 256 RI	EGIS ROR	SIGN	arther	6
	Hu	ibbard F	uneral H	lome,	inc.	410	Wilk	ens A	ve.	SEP	21	1981	Cron	D	•		

To the second of the second of

4	1	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 1 2	2 / 1 2
ot 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(TYP	CEASED NAME FIRST	Iola	HARE	DER	AST	20 DATE OF DEATH MONTH O	7:15AM
(M)	3. SE	x Female	4 RACE Whi	ite	MONT	10, 1896 YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
deoth Conera de off Conera de		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland		WHAT COUNTR	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Co	
by the filed with		Pikesville	LIF NOT IN SUI	HOSPITAL, NUR SCHFACILITY, GIVE STR SVILLE N	REET ADDRESS)	Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY
AND 213	1	faryland	OTHER INSTITUTION ITY	Baltin	FORE ADMISSION) OWN 1076	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 816 West 32nd S	treet (21211)
MARYL, ompletely and 2 st	[4 F	ATHER'S NAME FIRST  Eli	WIDDLE	Shaffer		15. MOTHER'S MAIDEN NA	AME	lor
be execu		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	219-20		Mrs. Irma La	Woie-816 W. 32nd	St. 21211
L RECORDS, 201 W. PRESTON ST., BA e low requires that the death certificate no. hos been signed by the attending physis permit. Then please remove carbon paper nne prior to buriol, cremation, or removol was ony injury. or other troumatic event, it	CERTIFICATION	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate couse to stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE COURT OF THE C	DUE TO, CO  DUE TO, CO  DUE TO, CO  (c)  CONDITIONS C	OR AS A CONSECUTION ON TRIBUTING TO	QUENCE OF CHENCE	soula, de	200 AUTOPSY? 20b. IF YES, IN CERTIFY	EN IN PART 110  WERE FINDINGS USED YING CAUSES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN; The Letoned by the hospital or attending physicion.  TO FUNERAL DIRECTOR. After this certificate hos should be detached for use as the buriol-tronsit pe with the State Dept. of Health and Mental Hygiene limPORTANT; if them 21 is marked or them 18 shows	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AUGR NOT WHILE ALWORK AWORK AWORK OF NOTIFY SOW the deceased alive above (1) (me) (did) Infu no 22b. SIGNASARE  22d PHYSICIAN'S NAME (IYPEO	21e. PLACE (AT HOME ST tol) of tended the tol) of tended the tol) view the body	.M. MONTH .M. OF INJURY REET, FACTORY, OFFIR	M A1.00	21f LOCATION STREET  19  nd that ram (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TOWN  Let to 9-3 1  death accurred on the date and hour	COUNTY STATE
D		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				EMETERY OR CREMATORY  n Cemetery	23d LOCATION Baltimore, Mar	y land State
DHMH-16 50M 1/B1 (VRA 15, 4)		uneral director Alan Seitz Fur	neral H	ome 3818	Rolan		TE REC'D. BY REGISTRAR 256, REGISTR	TAS SIGNAME

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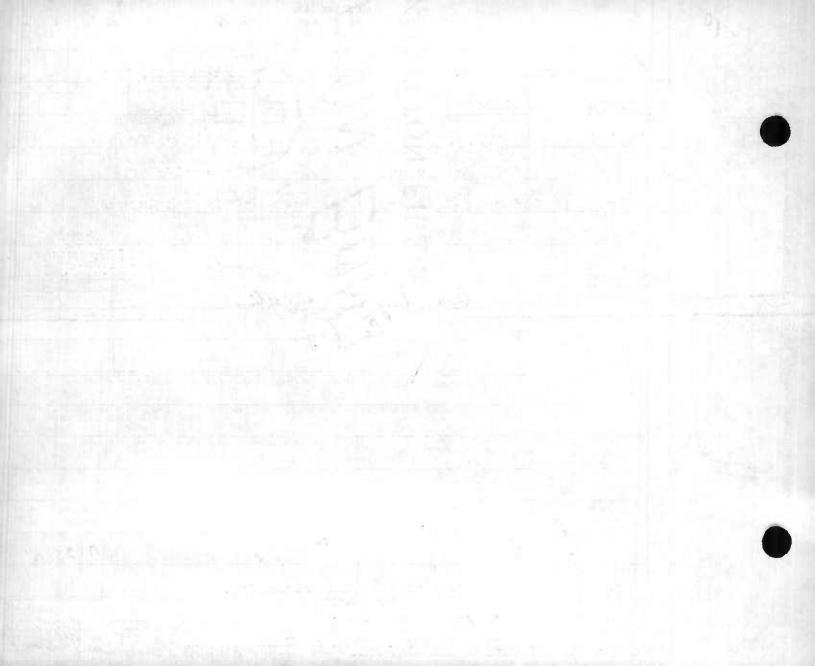
CHILD Robert Commission CHILD Service English Children

ential Walvell shoothed Contern Satisan Line land

A. Alem and Johnson Burn 3812 Horand Ave. . . CERTS 1081 Close Williams

5. 1/	1	FOR	コンロー	11/20/			E OF MARYLAND EALTH AND MEI		8 1		22	1	13
6	1	- STATE REGISTRAR			DEPART		ICATE OF DEA			REG. NO.			
~		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DE		TH DAY	YEAR 2	2b HOUR
(M)	(TYP	E OR PRINT)	755	18		HA	RRIS			9	128	2/	34 CAM
V	3. SE	Х		4. RACE		5. DATE C		-	AGE (IN YEAR	LAST BIRTHDAY	) IF UNDER		IF UNDER 24 HRS
	E	EMALE			ASIAN	FEB	D/M1	901	80		YRS.	DAYS	HOURS
2 671	70 8	IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	X NEVER MAR	RRIED -	BALTIMORE	CITY OR CO	UNTY OF DE	ATH	
12 /4/		POLAND	111		.S.A.	WIDOWE	D DIVOR	RCED 🗌	BAL	TIMORE	E COUNT	Y	MD,
11 1	10 C	ITY OR TOWN OF DEAT	Н	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITU		120 USUAL OC			KIND OF USTRY	BUSINESS OR
13000		ANDALLSTOWN	1	BALTIM	ORE COUNT	Y GEN	ERAL HOSI		HOUSE			Т НО	ME
20 87	130.		36 COUN	VTY	13c. CITY OR TOW	/N	13d. INSIDE CITY	LIMITS?	3e. STREET ADI	DRESS			
		ARYLAND	BALT	ΓIMORE	BALTIMOR	E			3603 YE	NNAR I	LA., AP	Т. В	21207
10 M 22	14 F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S M.	AIDEN NAM		IDDLE		LAST	
5 (XXI)		JOSEPH			GREENSPAN		ETTA				UNK	NOWN	
P 6 9 /		WAS DECEASED EVER IT		MED FORCES? E WAR OR DATES)			17. INFORMA						
		NO			213-74-	2229	3603 YE	ENNAR	LA., AP	T. B	#21207		
pysica py		18 CAUSE OF DEATH PART I. DEATH WA	(Enter an	ly ane cause pe	r tine for (a), (b), or	id (cill					BE	APPROXIMA TWEEN ON	ATE INTERVAL SET AND DEATH
g pt				E CAUSE (0)_	+4400	1811	5.416	3/1	OCK				
cort, or		0000		DUE TO, C	OR AS A GONSEQU	ENCE OF		1		1-			
ation		Conditions, if any, gove rise to imme		(b)_	LAP	10.20	long	K Q	rasa.	LEMIS	4		
rem rem her 1		couse (a), stating	the	DUE TO, C	OR AS A CONSEQU	ENCE OF		/		/			
ial, c				(c)_								-	
bury.	z	PART 2. OTHER SIGNI	FICANIC	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE O	RCONDITIO	N GIVEN IN P	ART 100	
in The	CERTIFICATION	I O DATE OF OPERATION	NA	8/10n	) 4m	mi	Ed Hu	Lall	1 h	eny	1 OF WEDE	CINID IN IS	2011050
C of pr	FIC	176 VALLE OF OPERALL	OIN	Abdo	minal pa	in &	rever	At 1	aparot	omy IN		AUSES	
sho sho	ERT	210 ACCIDENT WAS UNDE	RIVING [	1 71h TIME (	ignant l	ympho	na" of th	e par	AL STOP IN	SIXI	YES	0.20	NO 🗌
of Hy		OR CONTRIBUTING CA	USE OF DE A		ha. Traddians of	WAS SEAS	en. Cc	brrobo	rated	patho.	rogica:	fly	
Ment r Her	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	ZII LOCATION						
and A	ME	WHILE NOT WHILE		(AT HOME ST	TREET, FACTORY, OFFICE, I	FARM, ETC )	STREET		C	TY OR TOWN	COU	YINU	STATE
olth a nork		AT WORK AT WORK				61	0	01	13	1	- 0	1	
Hed Is n		220.1 certify that (1) (1 saw the deceased		^ /	ne deceased from_	21/0	ed that in (my) (au	19 September de	oth province	the date or			iat (I) (we) last
a to fo		abave, (I) (we) (die	d) (did na	1) view the body	after death.	//	DEGREE	ir, opinion de	din occorned o	n the date at		DATE #	
Dep If He		LA A. A. A.		-120			ATTE	ENDING	MEDICAL	STAFF	220	0/	12/00
Z To de		22d. PHYSICIAN'S NAM	-	740	· Onell	)	PHY 22e. ADDRESS	SICIAN	DIRECTOR	PHYSICIAN		7//	48/
FUNERAL old be det or the State		220. PHYSICIAIS INAM	ME (IANDO	5	11210		BALTII	MAIT	none:	De B.	210	Kap	
should be de with the Stat		HH HLL	-1-	4-1	3751)	211)	10///	AVAC	COUNT	196	NO X	105/	11/2
1721	230	BURIAL, CREMATION, R	EMOVAL				EMETERY OR CREATE		23d LOCATIO	TIMORI	COUNT	γ	MD <sup>STATE</sup>
	24.5	BURIAL	7 7 777	9-13			DA ANSHE					3/1/	
50M 1/81 15, 4)	Z4 F	UNERAL DIRECTORSO					0 21215	250. DATE	REC'D. BY REG	21	GISTRAP'S S	IGNATUI	RE
		OUTO RE	TOLE	KOTOWN	RD., BALT	U., M	0 41415	1 SER	19 13	11 1000	1		4.64

Visite and the second second



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

poge 3

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF REATH

22715

1				SIAI	E OF MAKILAND	70 I	00	7 1 1
n	1	FOR	DEPART	MENT OF H	IEALTH AND MENTAL HYG	IENE O	La la	/ 1 -
	1	REGISTRAR		CERTIF	ICATE OF DEATH	050 110		
-		CEASED NAME FIRST	MIDDLE		AST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)						
	2 05	, William	Odell HARRIS	I course	OF DIOTH	September 12	, 1981	11:20pm
	3. SE	^	* RACE	S. DATE O	OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
		Male	Caucasian	Feb	28 1944		RS.	
ť	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MAPPIE	NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH	
n		Kentucky	U.S.A.	WIDOWE		Baltimore	County	MD.
9	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		12a. USUAL OCCUPATION	12b. KIN	D OF BUSINESS OR
7		Baltimore	Franklin Squa		Jagnital	TO b and and		
4			Franklin Squa		lospital	Laborer	1 COI	ist. Co.
1		STATE 13b. COU	NTY 13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
			lto. Baltin	nore	YES NOX	8227 Cornwa	all Rd.	
	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIOOFE		LAST
0		Luther	Harris	3	Lockie	Arnett		Greer
1	16a. V	VAS DECEASED EVER IN U.S. AR			17. INFORMANT	ADDRESS		GI CCI
		YES, NO OR UNKNOWN) (IF YES, GIV	218-40-	9720	Claria Han	ris (wife) s	70.000	1 1 22 2 2 2
					Gloria Har	rrs (wrre) ;	same ac	ROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on		A		BETWE	EN ONSET AND DEATH
			TE CAUSE (o) Largio	ulmor	ary Arrest			
		1629	DUE TO, OR AS A CONSEQUE	ENCE OF				
		Conditions, if ony, which	( Metasta	atic C	Carcinoma of L	ung		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	TNCE OF				
		underlying couse lost.		ENCEOF				
	0.0	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR CONDITION	CIVEN IN DADI	1/ex
	Z	TAKT 2. OTTER SIONIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BOT	NOT KELATED TO THE TERM	ANAL DISEASE OR CONDITION	OIVEN IN PARI	1(0)
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	NI WAS DEBEODATED	20a AUTOPSY? 20b. I	F YES, WERE FIN	IDINICSTISED
	FIC	THE DATE OF OPERATION	178. CONDITION FOR WHICH	OFERATIO	14 ANY S LEKLOKWED		ERTIFYING CAU	
) in	E .					YES NO A	YES	NO 🗌
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1216. TIME OF INJURY	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	4 18 PART I OR PART	2}
1	Z AL	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC )	SIREET	CHYOKIOWIC	COUNT	STATE
		220 I certify that (this hospi	ital) attended the deceased from	enter	ber 2 1981		2.1981	. that X (we) lost
			September 12, 19 }	4		death occurred on the date and	hour and from	the couses stated
		22h SIGNATURE	of view the body offer deoth.		DEGREE		22c. D/	ATE SIGNED
		Stephen	( della	2 /	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/	12/8
		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS	J DIRECTOR E PRINCIAND	1	1 4
		Stephanie	C Fuller 1	MA	9000 Frankli	n Square Drive	21237	
-	23a B	SURIAL CREMATION REMOVAL	123h DATE 123c	NAME OF C	EMETERY OF CREMATORY		, 11137	

DHMH-16 30M 2/80 (VRA 15, 4)

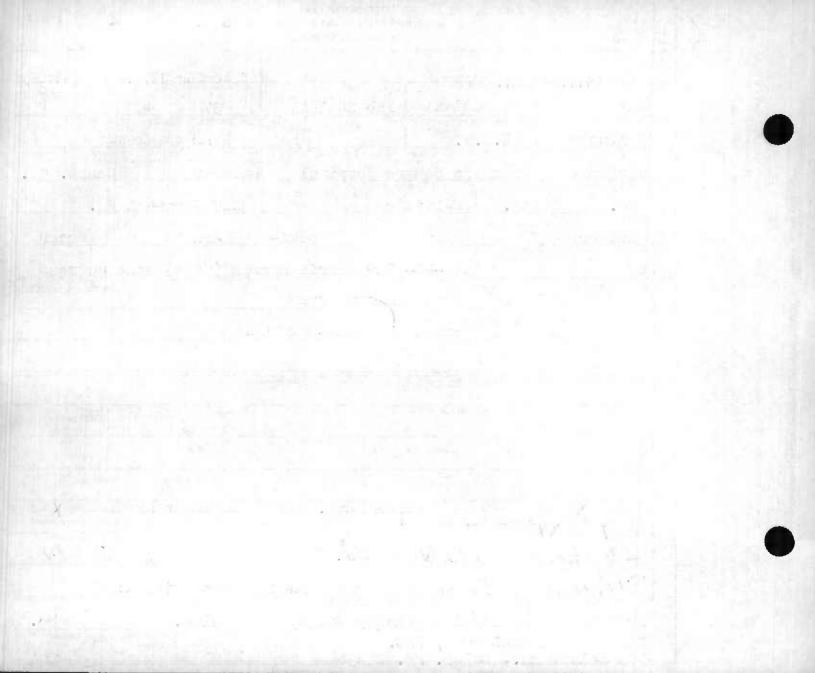
9/16/81

Burial

Dulaney Valley

Balto.

250. DATE REC'D. BY REGISTRAND A REGISTRAND AND A LINE SEP 18 1981 FUNERAL HOME PORESINC. Belair Rd. Balto.



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'alto, County Smantlin fo, Fort. Plat of the party Laire Toron

A PART OF THE PART The same of the sa District County of the Chicago CONTROL OF SECURITION OF THE PARTY OF THE PA

1101 E. North Ave.

(VRA 15, 4)

Wm. C. March F/H

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	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8   REG. NO	2 2	120
	ECEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH N	ONTH DAY YEA	20 110 OK
	LILL	IAN	L	HEBNE	R		9-8-81	12:55
7.58	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH	IF UNDER I Y	EAR IF UNDER 24 H
18	Fem.	Ca	u.	2	25 98	83	YRS	NOOKS M
In. BI	SIRTHPLACE (STATE ON FOREIGN COUNTRY)	1	WHAT COUNTRY	MARRIED WIDOWE	DINEVER MARRIED DINORCED	BALTIMORE CITY OR		
	OWSON	III NAME OF			PROTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF John Dee)	WORKING LIFE) INDUST	D OF BUSINESS
13a. S	JAL RESIDENCE (IF NURSING HOME STATE 130 CO	OR OTHER INSTITUTION	131. CITY OR TO	DRE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	Md.	-	Balto		YESX NO	4234 Belr	nar Ave.	21206
14 FA	ATHER'S NAME	WIDDLE			15 MOTHER'S MAIDEN NAM	NE .		
1	Charles	WIDDLE	Stapf		Wilhelm	ania	Nac	gle
16a V	WAS DECEASED EVER IN U.S.		16b SOCIAL SEC		17 INFORMANT	ADDRES		710
C	(1F YES, NO OR UNKNOWN) (1F YES,	GIVE WAR OR DATES)	220-14	-0062	Charles L	Hehner (	ala Darl	av Rđ
	18 CAUSE OF DEATH (Enter				CHALLES I	· IICDIICE		ROXIMATE INTERVAL EEN ONSET AND DEA
Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO		NOT RELATED TO THE TERMI		ITION GIVEN IN PAR	T 1ra
18	44							
RTIFICATIO	19a DATE OF OPERATION		DITION FOR WHIC	H OPERATION		YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [	SES OF DEATH?
CAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME C			N WAS PERFORMED	YES NO	IN CERTIFYING CAU	SES OF DEATH?
MEDICAL CERTIFICATIO	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME C HOUR A NER) P.	DF INJURY .M. MONTH (	DAY YEAR		YES NO	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART	SES OF DEATH? NO []
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF USE THE REPORT OF THE PROPERTY OF THE PR	ZIB. TIME CHOUR A HOUR A P. P. ZIE. PLACE (AT HOME, ST	OF INJURY M. MONTH [ M.  OF INJURY  REET, FACTORY, OFFICE.	DAY YEAR 19	21c HOW INJURY OCCURRY	YES NO DED (ENTER NATURE OF INJURY	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART	SES OF DEATH? NO [] 2) STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER. NOTIFY MEDICAL EXAMINATION OF CONTRED  WORK NOT WHILE AT WORK  270.1 certify that XX) (this has	21b. TIME C HOUR A NER) P 21e. PLACE (AT HOME, ST	OF INJURYM. MONTH [M. OF INJURY IREE1, FACTORY, OFFICE.	DAY YEAR 19 E. FARM. ETC.)	21c. HOW INJURY OCCURRE 21f LOCATION STREET	YES NO CITY OR TOW	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART N COUNTY	SES OF DEATH? NO   STATE
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE MEDICAL EXAMIT 21d. INJURY OCCURRED  MILE NOT WHILE AT WORK	21b. TIME C HOUR A NER) P 21e. PLACE (AT HOME, ST	OF INJURYM. MONTH [M. OF INJURY IREE1, FACTORY, OFFICE.	DAY YEAR 19	216. HOW INJURY OCCURRE	YES NO CITY OR TOW	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART  COUNTY  1981  e and hour and fram	SES OF DEATH? NO ?}  STATI, that [1] (we) the causes stated
MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ITE BITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF THE BITHER OF TH	21b. TIME COMERTH HOUR A PORT	OF INJURYM. MONTH [M. OF INJURY IREE1, FACTORY, OFFICE.	DAY YEAR 19	216. HOW INJURY OCCURRED  211 LOCATION STREET  19.81  d that in (1) (our) apinian di DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	YES NO CITY OR TOWN  CITY OR TOWN  10 9-8  eath accurred an the dat  MEDICAL STAFF	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART  COUNTY  1981  e and hour and fram  22c. D.  SET	state  , that (i) (we) the causes statechate SIGNED
WEDICAL MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK  220. Lectify that X) (this has saw the deceased alive abave, (Xwe) (did) (did) 22b. SIGNATURE  22d. PHYSICIAN I NAME  WALIR/I  22d. PHYSICIAN I NAME  22d. PHYSICIAN I NAME  WALIR/I  22d. PHYSICIAN I NAME  22d. PHYSICIAN I NAME  WALIR/I  22d. PHYSICIAN I NAME  22d. PHYSICIAN I NAME  WALIR/I  22d. PHYSICIAN I NAME  WALIR/I  22d. PHYSICIAN I NAME  22d. PHYSICIAN I NAME  WALIR/I  22d. PHYSICIAN I NAME  WALIR	21b. TIME COMENT AND PRINCE (AT HOME ST. Spital) attended the solution of the body AL 23b. DATE	OF INJURYM. MONTH IIM. OF INJURY REET, FACTORY, OFFICE the deceased from, rafter death.	DAY YEAR 19 8-1 81, on	216. HOW INJURY OCCURRED  216. HOW INJURY OCCURRED  19. 81  19. 81  d that in (20) (our) apinian de  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  7620 YORK  EMETERY OR CREMATORY	YES NO   ED (ENTER NATURE OF INJURY  CITY OR TOW  10 9-8 eath accurred on the dat  MEDICAL STAFF DIRECTOR PHYSICIA  ROAD TOWSON    236 LOCATION     236 LOCATION     236 LOCATION     236 LOCATION     237 LOCATION     247 LOCATIO	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART  COUNTY  1981  e and hour and fram  22c. D.  SET	state  , that (i) (we) the causes stated ate SIGNED  t 9,198
WEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I GETHER NOTH MEDICAL EXAMITION 21d. INJURY OCCURRED  MILE NOTH NOTHINE AUGUST 270.1 certify that XI (this has saw the deceased alive above, (Xwe) (did) (did) 272b. SIGNATURE  272d. PHYSICIAN IS NAME  MALIR/A	21b. TIME COMERTH HOUR A PORT	OF INJURYM. MONTH IIM. OF INJURY REET, FACTORY, OFFICE the deceased from, rafter death.	DAY YEAR 19 8-1 81, on	216. HOW INJURY OCCURRED  211 LOCATION STREET  19. 81  d that in (10) (our) apinion de  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  7620 YORK  EMETERY OR CREMATORY  Mount Crem.	YES NO   ED (ENTER NATURE OF INJURY  CITY OR TOW  10 9-8 eath accurred on the dat  MEDICAL STAFF DIRECTOR PHYSICIA  ROAD TOWSON    236 LOCATION     236 LOCATION     236 LOCATION     236 LOCATION     237 LOCATION     247 LOCATIO	IN CERTIFYING CAU YES  IN ITEM 18 PART 1 OR PART  N COUNTY  19 81 e and hour and fram  27c. D.  AN SET  MD 2120  COUNTY	stati  , that (i) (we) the causes stated ATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use or the bursol-transit permit. Then please with the State Dept. of Health and Merriol Hygners prior to turnol, or

. of vertical the wonder . The Smalls will will end of A 188 Old T. Francisco Mila Dat Tallet . Design

DHMH - 16 50M 1/81 (VRA 15, 4)

650 North Bend Road Senft. Mr. Frederick W. Heiner 8418 Allenswood Rd., Randallstown, MD 21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) COUNTY STATE our) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Court Rd. Baltimore National Cem. Baltimore City 9/14/81 Burial TEGISTRAR 25 PGISTRAR 3 1981 CALLES 24 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd., Randallstown, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

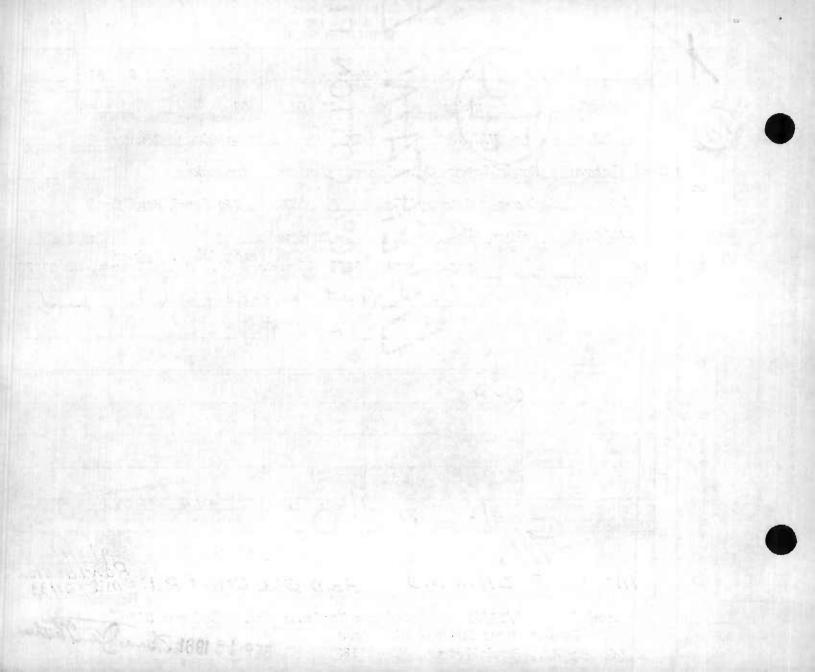
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176 KIND OF BUSINESS OR

IF LINDER 24 HRS

IF UNDER 1 YEAR



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Tree unord fore 3631 Fills fore 21.11

(VRA 15, 4)

FOR

REGISTRAR

- STATE

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126 KIND OF BUSINESS OR INDUSTRY Real Estate 18 Left Wing Drive Nicholson 243-14-7279 Elizabeth A. Edwards 6615 Kenwood Ave PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE □ September 27. 19 81 \_\_\_\_, and that in (nu) (our) opinian death occurred on the date and have and from the causes stated 22c DATE SIGNED Sep 27, 1981 9000 Franklin Square Dr., 21237 Baltimore 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE Lassahn Funeral Home 7401 Belair Road

STATE OF MAKTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

2:10A

1981

to the time of the second of t THE RESERVE OF A PROPERTY OF STREET Made and the second sec THE CONTROL OF THE PERSON OF THE SERVICE OF THE PERSON OF

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL SA A	TO HOSPITAL STATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deads. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIREC should be detached for with the State Dept. o	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the certificate has should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the carbon papers. Pages 1 and 2 should be filled with the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic

marked or Item 18 show

21

IMPORTANT

Burial 24. FUNERAL DIRECTOR

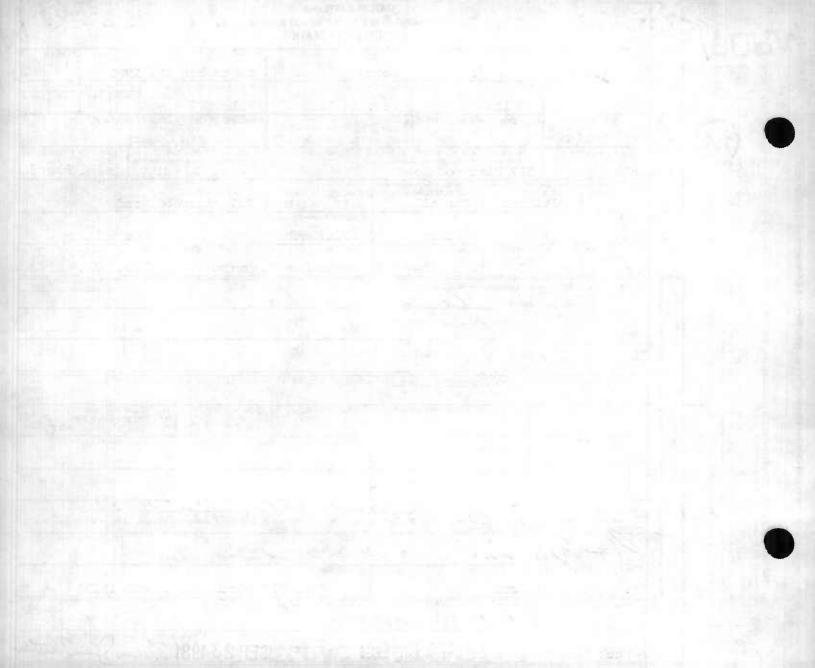
FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8		2 /	2 4
T DECEASED NAME FR	it /	AIDD(E	ı	AST		MONTH DA	YEAR	2b. HOUR
Ralph	2	7	Hen	ry	September	21, 19	81	м
3. SEX	4 RACE		5. DATE C		6 AGE   IN YEARS LAST BIRT			IF UNDER 24 HRS
Male	White		Feb		81	YRS.	NTHS DAYS	HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	FDEATH	
Pennsylvania	U.S.	A.	WIDOWE		Baltimore	County	7	MD.
10 CITY OR TOWN OF DEATH Dundalk	I IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET NEWOOD RO	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE)  Elec. Welder  Beth. Steel			Steel
	ome or other institution. COUNTY altimore	GIVE RESIDENCE REFORE 134. CITY OR TOWN Dundalk	N	13d INSIDE CITY LIMITS? YES NO K	13. STREET ADDRESS 227 Pinew	ood Roa	ad	
Charles	MIDDLE Elmer	15. MOTHER'S MAIDEN NAA			MIDDLE LAST Hockenberry			rv
	S. ARMED FORCES? es, give war or dates) VW II	166 SOCIAL SECU		Mercedes G		ESS227 1		od Rd.
Conditions, if ony, whi gave rise to immedia cause (o), stating to underlying cause lo	DUE TO, OI  the (b)  DUE TO, OI  the (c)  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			NETWEEN OF	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN	196 COND	CONDITION FOR WHICH OPERATION WAS PERFORMED			YES NO		WERE FINDING NG CAUSES O	
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 214. INJURY OCCURRED	OF DEATH HOUR A.	M. MONTH DA M.	19	216 HOW INJURY OCCURR	RED   ENTER NATURE OF INJU		COUNTY	STATE
220.1 certify that (1) (this sow the deceased all above. (1) (we) tidid) (1)	hospital) overided the	20 19	\$ 117.00	nd that in (my) (our) opinion	, to	ote and hour		not (1) (we) last ouses stated

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.		21c HOW INJURY OCCURRED	)   ENTER NATURE OF INJURY	IN ITEM 18, PART 1 C	R PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOWN	/	DUNTY STATE
220.1 certify that (1) (this hospital) sow the deceased alive on above. (1) (we)-taid) (did nat) vi	des: 20		d that in (my) (our) opinion dec	th occurred on the dot	-	from the couses stated
276 SIGNATURE /NA	Lin	0	EGREE  M ATTENDING PHYSICIAN	MEDICAL STAFF		77¢ DATE SIGNED
224 PHYSICIAN'S NAME (TYPE OR PRI	NT)		27e ADDRESS			
Dr. Roger Win	ndsor		1012 Old	North Poin	t Road	21222
(SPECIFY)	9/24/1981	23c NAME OF CE Crest	METERY OR CREMATORY  Lawn	23d. LOCATION CITY OR TOWN	Howard	

Duda-Ruck Funeral Home of Dundalk, Inc.

ADDRESS Dundalk, MD 21222 CFD 23 4004

DHMH-16 25M (VRA 15, 4) 1/79



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prior to bus

and Mental Hygiene

should be detached for use as the with the State Dept. of Health and

FUNERAL DIRECTOR.

MPORTANT: If hem 21 is marked or hem 18 sho

certificate has per CERTIFIC

MEDICAL

WHILE

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG	REG. NO.	la d	4 1	6 2
	T. DECEASED NAME FIRST (TYPE OR PRINT)	IZZIE		EHMAN	September			26. HOUR 12:01PM
	3. SEX Female	Caucasian		оғыктн Е. 30°, 1891	6 AGE (IN YEARS LAST BIRTHDA		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNT U.S.A.	RY? B MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore C			ME
0	10. CITY OR TOWN OF DEATH  Woodlawn	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF W						
5	USUAL RESIDENCE (IF NURSING HOME (130 STATE 130 COU Maryland Bal		efore admission) OWN LWN	13d. INSIDE CITY LIMITS? YES NO	6404 DOSWOO	d Roa	ıd	
C	14 FATHER'S NAME FIRST Squiral	Sypolt Sypolt		IS MOTHER'S MAIDEN NA	ME		Lev	wis
	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI		ECURITY NO.	Shirley Wind	erman, 6404	Dogw	vood Ro	oad
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	OUENCE OF	C - V D	NNAL DISEASE OR CONDIT	ION GIVE	M33W136	DAATE INTERVAL OMSEL AND DEATH
7	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	DN WAS PERFORMED			WERE FIND!	NGS USED OF DEATH?

NO X ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

P.M 19 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET CITY OR TOWN

COUNTY STATE

220.1 certify that (I) (this haspital) attended the deceased from sow the deceased olive on. and that in (my) to one opinion death accurred on the date and have and from the causes stated 226 SIGNATUR DEGREE

ATTENDING

PHYSICIAN

Gardens

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

Barbu Calin

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

21d. INJURY OCCURRED

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

STAFF

PHYSICIAN

BP

OR ATTENDING

HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))

9/29/81 Rurial

23b. DATE

6011 Windsor Will Rd

Preston Mem.

23d. LOCATION

MEDICAL

DIRECTOR

Preston Co. W.

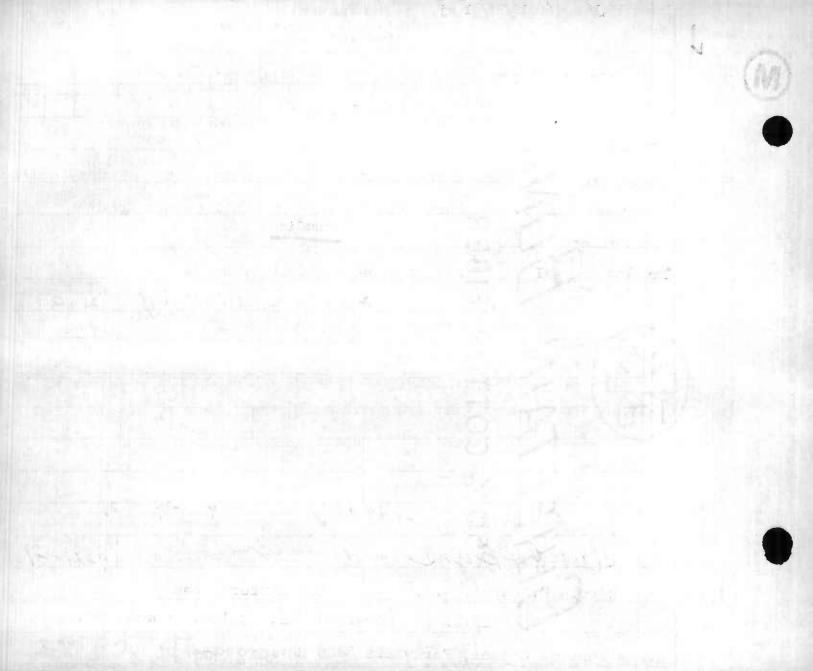
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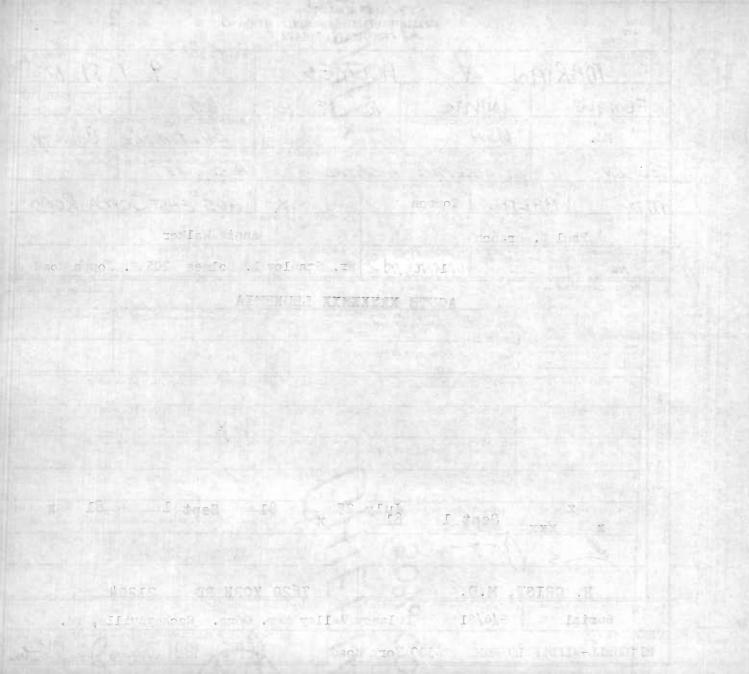
		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	r, Elizabell	
90 e 90 de 10 de		TEASED NAME FIRST	FLER	LAST	SEP. 19, 1981		
ofter d	3. SEX	ale	4 RACE White	5. DATE OF BIRTH	MONTE	DER I YEAR IF UNDER 24 HRS	
hours hours	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	May 14, 1899  RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF E	DEATH	
Pin Z	Ma	ryland	USA	WIDOWED DIVORCED	Balto. County	N	
by the fu		ry or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	5 D 1	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	b. KIND OF BUSINESS ON HOUSTRY Oung—Ana 1:	
filled in build be must be	130 5	TATE HOUSING HOME OR 13b. COUNTY LAND Balt	OTHER INSTITUTION, GIVE RESIDENCE BEF ITY 13c. CITY OR TO	DWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2821 Garnet Ros	ad	
ond 2 sh	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N ROSALIE Roselle	AME	LAST	
Pages 1	16a. W	AS DECEASED EVER IN U.S. AR	E WAR OR DATES)		y records	- Miller	
n signed by the attend Then please remove co r to burial, cremation, a injury, ar ather traumat	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	(b) Due to, or as a consection (c) Conditions Contributing t		MINAL DISEASE OR CONDITION GIVEN IN	I PART I(a)	
rcion.  te hos bee sit permit. rgiene prio shows any	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH?	
physicio rrificate h bl-transit rtal Hygie rm 18 shar	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM TS. PART TO	OR PART 2)	
D 0.2 C 0 /	ă	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN C	OUNTY STATE	
attending ter this cer s the burio and Men	W.						
ol or attenthi OR: After thi Use as the l Health and is marked a	ME	22a I certify that (I) (this hospi	tol) oftended the deceased from	(2)	n death accurred an the date and haur and		
is haspital or attend DIRECTOR: After this ched for use as the I Dept. of Health and Item 21 is marked a	ME	22a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATUR	1) view the body ofter death.	DEGREE ATTENDING PHYSICIAN			
haspital ar attent RECTOR. After thined for use as the l spt. of Health and tem 21 is marked a		22a I certify that (I) (this hospi sow the deceosed alive on abave, (I) (we) (did) (did no 22b. SIGNATUR 22d. PHYSIČIAN'S NAME (TYPE O	R PRIÑT)  Burns, M.D.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN □  rford Road		



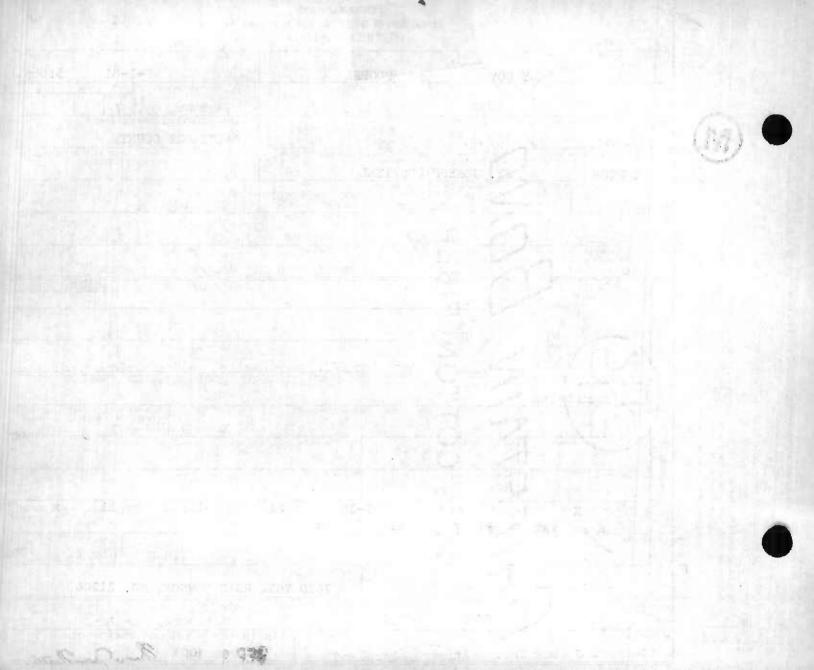
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 76 HOUR Delasdia Winfield Horner 1981 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR July 4,1913 EAR Male White 68 A BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Florist Delivery Self Towson Valley View Nursing Home JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balt.Md. 21234 136 COUNTY 131 CITY OR TOWN 7 Shawnee Court Apt.301 13d. INSIDE CITY LIMITS? Maryland Baltimore Carney NO K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Adams 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT HEYES GIVE WAR OR DATEST 218-03-4971 Nila Irene Horner 7 Shawnee Ct. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and to PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Di serse. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 700 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ saw the deceased alive on\_ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Gracito Patricio, M.D. 2926 E. Cold Spring Lane 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial CITY OR TOWN COUNTY

Moreland Memorial

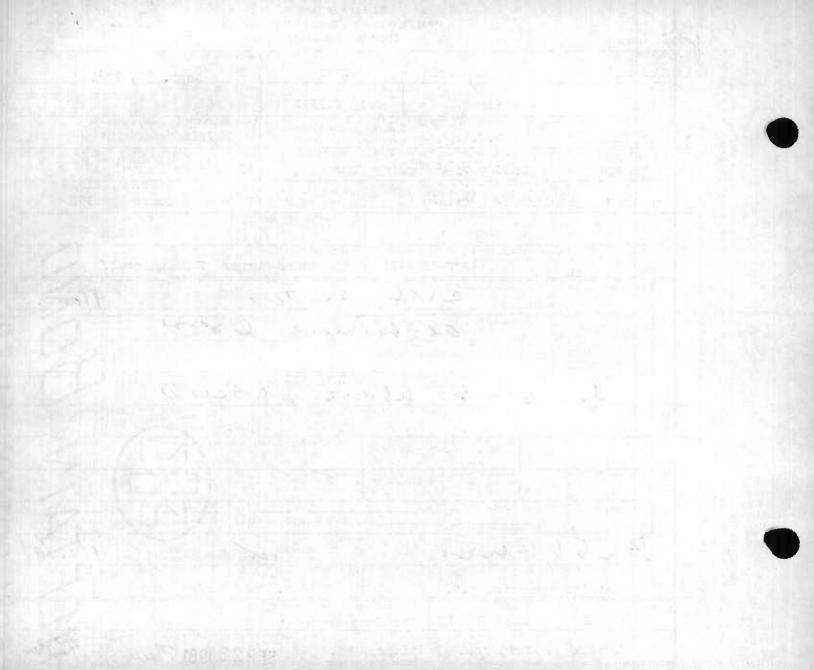
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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12b. KIND OF BUSINESS OR INDUSTRY Truck Driver 13e. STREET ADDRESS 1040 Middlesex Road Kappler ADDRESS2911 Scherer Ave. Balto., MD. 21234 Arteriosclerotic cardiovascular disease marked infarction and posterior left ventricular aneurysm Probable acute posterolateral myocardial infarction PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) COUNTY STATE and that in (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 9000 Franklin Square Dr., 21237 Cremation Green Mount Baltimore 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk, MD. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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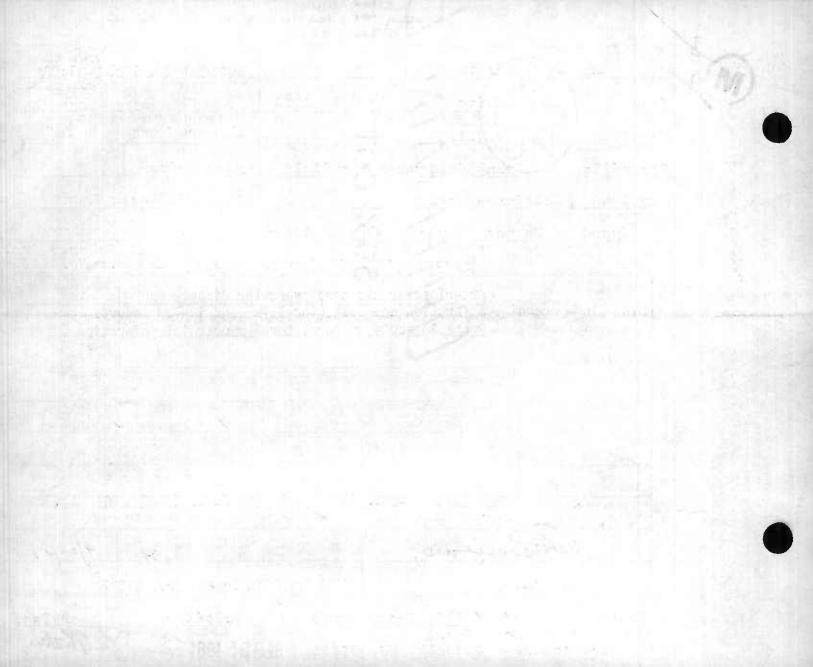
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8728 Liberty Road Randallstown, MD. 211335FP

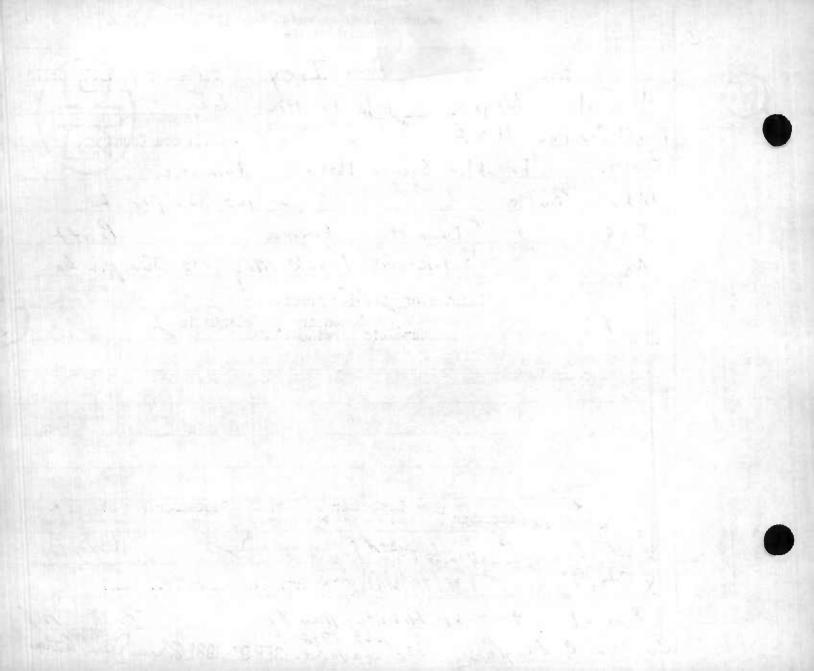
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NUTTER FUNERAL HOME 3035 W. NORTH AVE

STATE OF MARYLAND

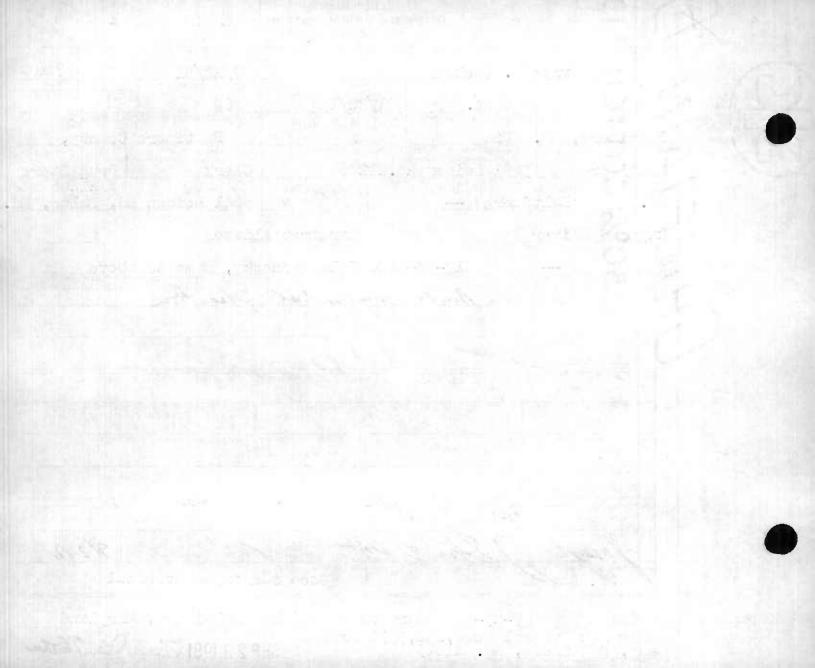
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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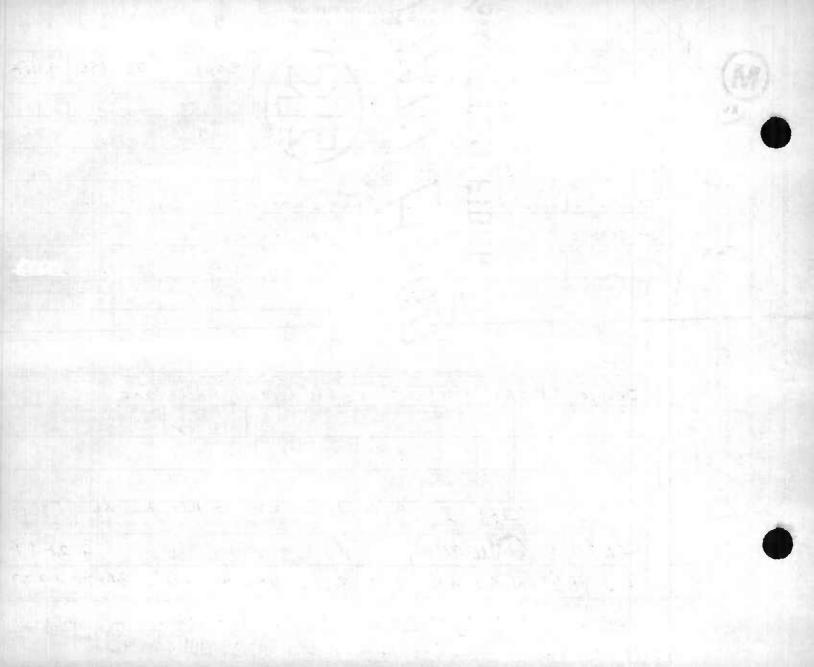
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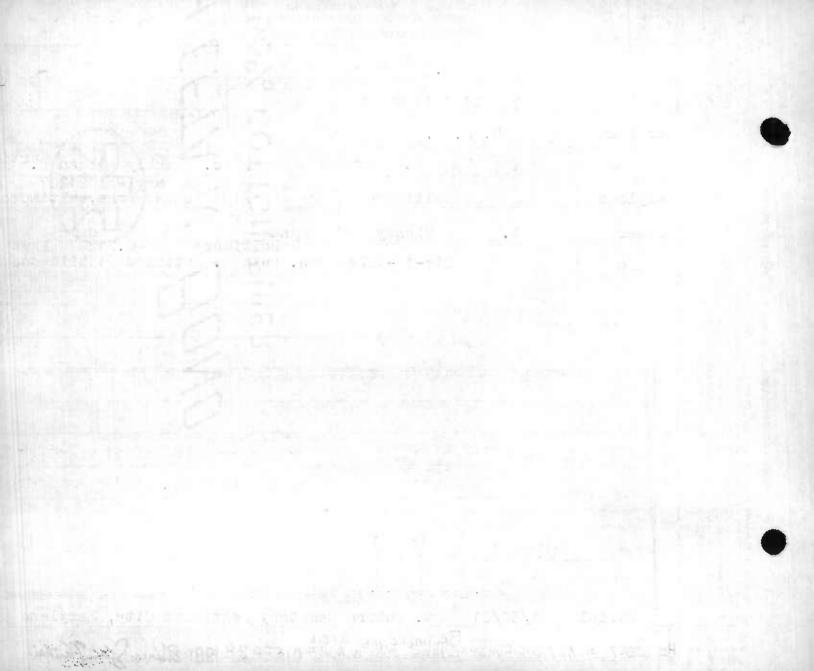
10 92 SERVE 28 10 61 CONTRACTOR

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AUSZI HUZBER, M.D. VANE, FORE BULKED, GARLAND 21072

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0	-	FOR					MARYLAND H AND MENTAL	HYGIENE	1	2 2	1 4	5
2	1-	STATE REGISTRAR		ME			CERTIFICATE	-	H REG.	NO		
		CEASED NAME	E FIRST		WIDDIE		LAST	20	DATE KNOWN	MONTH	DAY YEAR	2b. HOUR
3 % % % F.	(1)	PE OR PRINTS	LUC	HIF	E.	JEI	FRIES	. O L		<u> 9-2</u>	26-8,1	M
STREE STREET	3. SE	X	4 RACE	5. DATE OF BIRTH	YEAR LAST		NDER 1 YR. IF UND	DER 24 HRS. 2c	DATE	нтиом	DAY YEAR	2d HOUR
ON SOUR		emale	black	7 25	1914 6	7 YRS.	HOOKS		DEAD		26-8,1	4:56,
IS NECESSARY, PLEASE FUNKRAL OIRECTOR. ELS FOR YOUR FILES. DOWNTHIN 72 HOURS I W. PRESTON STREET,	FC	RTHPLACE IST		76. CITIZEN OF W			IED INEVER MA	RRIED	BALTIMORE CITY	-		
Z S S S A		tryland		U. S	SPITAL, NURSING			RCED	Baltimo		12b. KIND OF BU	MD.
ELAY IS TO THE PAGE BE FILE SS, 201		Randall	stown	Balti	MORE CO.	Genera	Hospital	Elec	STOF WORKING LIFE)	_	Gleen	Marti
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY DELAY IS, N GIVE PAGES 1, 2, AND 3 TO THE FU ITH FORM PM 3. RETAIN PAGE 5, INISION OF VITAL RECORDS, 201 W.	13a. S	AL RESIDENCE TATE LTYLANC	131 SOUN	OR OTHER INSTITUTION, G TY	Baltin	WN	13d. INSIDE CITY LIMITS	- 10400	Taddress Mai Tuckei	ryland Land	d 2120' e,Balt:	
MD.	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
A P P P P P P P P P P P P P P P P P P P		ames		Α.	Finn		Edna				Adams	
TIMO FOR SES 1 ON O	16a. \	ES, NO, OR UNKNO	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SEC		17 INFORMANTB			spid.2		Pkway
T., SALIT., SALIT., SALIT., SALIT., SALIT., SALIT., SUITE., WITH. INT. PAG.	-	No			218-10			utn R.	. Matthe	ews 9	15Wild	
ST.,		PART I DE	ATH WAS CAUSE	ly ane cause per line D BY:	far (a), (b), and (c MULTIF	LE INJ	URIES				BETWEEN ONSE	T AND DEATH
T PER POVAL		011	IMMEDIAT	E CAUSE (a)	AS A CONSEQUE							
PRES THIN THIN THIN THER AL H	12		ns, if any, which se to immediate	(b)								
201 W. PRES UTED WITHIN IN PENCIL II EXAMINER. RAL-TRANS ION, OR REM			stating the under-	DUE TO, OF	AS A CONSEQUE	NCE OF	SET SALE	10/ - T				
EXECUTED NG" IN PROCED EXAMINED AND ME. HAND ME. WATION, C				(c)								
O mgg + m	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	IE TERMINAL DISEA	E OR CONDITION GIVEN IN	PART 1 (a).	754111			
NL RE SULD SED / SED / AL, O	CERTIFICATION	190, DATE OF	OPERATION	19b. CONDI	TION FOR WHICH	OPERATION V	AS PERFORMED?				20. AUTOPSY	?
Z S S S S S S S S S S S S S S S S S S S	E E	ale EXTERNIA	AL CAUSE WAS	21b TIME O	F INTUINA	I si					YES 🗶	NO 🗆
A HE HE STATE OF THE STATE OF T		UNDERLYING	- CYOR	HOSUR 1475	PMONT9 = 26-		ow INJURY OCCUR					ther
RTIFI NG TO SHO PAR	MEDICAL	21d. INJURY C	NG CAUSE OF E	21e PLACE	OF INJURY (AT HO		niche	i a cai	WITTOIT			
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD B EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR; PAGE3 SHOULD BE USED AS AFTER DEATH, WITH HIS STATE DEPARTMENT OF HEAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CR	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	reet		glewood a	nd Gilm	öre st.	Baltim	öre, Ma	ry l'anc
NO. NO.	1	22a. I certif	fy that I taak charg	e af the remains de	scribed abave, held	an Auta	sy XX, Inspec	tian .	Inquiry .	and in my ap	inian	
SHE	4	death resulte	ed fram: Natur	al causes .	Accident X,	Suicide	, Hamicide	Undetern	nined manner	].		
WAY WAY		ACTUAL	11/40	Merto,	no Uh	. 10	Assistan	+		DATE	9-27-81	
SHETH SHE		SIGNATURE		1.0	ALC LIA	/	(10 (33131411	MEDIC	AL EXAMINER	SIGNE	Ď	
ME OF USE		EXAMINER'S (TYPE OR PRIN		arita A	Korell I	M.D.	ADDRESS 111	Penn S	itreet			
DAR DE LA	23a. B	URIAL, CREMA	TION, REMOVAL 2	36. DATE	23c. NAME C	F CEMETERY	OR CREMATORY	23d. LOCA	timore	COUN	σy s	TATE
BP	1	Bur:		9/30/81	Mt. A	uburn	Cemeter			City,	"Maryl	and
2833 DHMH-17	hi	UNERAL DIREC		ADDRESS	BALTIMOR	E,MD.	NORTH AVIS	TE REC'D. BY RE	EGISTRAR 756 RE	GISTRAR'S S	GNATURE	
(VR A15 ME (5) ) 15M 2/80	HE	RBERT	E. NUTTE	FR FYNGR	AL HOME	3035 W.	northinus	EP 28	1981 Par	ves de	ka / kill	ila



	1.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8	22746
	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	6-4 C-4
		CEASED NAME FIRST	WIDDIE	LAST	2ª DATE OF DEATH MO	INTH DAY YEAR 26 HOUR
poge 3	(TYP)	Mary	Katharine	Jenkins		9 / 23 / 81 9:15A M
ter d	3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER LYEAR IF UNDER 24 HRS
ors of		Female	Caucasion	Oct. 30 1898	82	YRS.
300	Ja B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH
30		Davis, West Vi		WIDOWED DIVORCED		Baltimore Co MD.
10		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION	
2/0		POWSON AL RESIDENCE LIE NUR HILLIAME	Stella Maris OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		Housewife	
52<	13a	STATE COL	UNTY 130 CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
E-0		Maryland ATHER'S NAME	Baltimo		1 4706 Roland	i Ave.
2	14. 67	FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
N S	_		vin Amos	Carolin		
S dico		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
me		No	220-54-	55-7T Stella Mar	ris Hospice	
#		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0		PART I. DEATH WAS CAUS	ATE CAUSE (6) Advanced	arteriosclerotic	cardiovascula	ar didease
ol. cremotic		Conditions, it ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	ENCE OF		
o porud	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDIT	ON GIVEN IN PART 110
2 Sony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	Ob. IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES  NO  NO  NO  NO  NO  NO  NO  NO  NO  N
18 sh	CER	21g. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	
Item 7		OR CONTRIBUTING CAUSE OF D	EAIR	AY YEAR		
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	4.104.1	COUNTY STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, I	ARM, ETC ) STREET	CHY OR TOWN	COUNTY STATE
E		220.1 certify that (I) (this has	pital) attended the deceased from_	May 22. 19 68		23 19 81 , that (I) (we) lost
21 is		sow the deceased alive a	September 23 19	68 , and that in (my) (our) apinion	death occurred on the date	and hour and from the couses stated
E		27h SIGNATURE	not) view the body ofter death.	DEGREE		22c. DATE SIGNED
			3	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	9-23-41
	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR BY PHYSICIAN	1-73.01
5				-1 11	Maris Hospi	
IMPORTANT	22- 1	Dr. Eddie Na			Maris Hosp	
		BURIAL  BURIAL		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	BALTIMORE MD.
-			SEPT.26,1981 S	T. JOHNS CEM.	HYDES	
/81		UNERAL DIRECTOR	ADDRESS	25a.	LICZ BRETSBRAR 25	Master Shanning Co.
4)	M1	TCHELL -WIEDERS	TID HOME 6500 YOR	K RD. 21212		

ETHER TO THE HOURY OF COUNTY OF THE WAR AND A STREET OF THE COUNTY OF TH The Property of the Company of the C

	1				E OF MARYLAND	49	2181
10	1	FOR - STATE			HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE O L	2 1 -1
	1.00	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTI	LAST	REG. NO.	DAY YEAR 26. HOUR
°, ω₹ •		E-OR PRINT)	8	T		20. DATE OF DEATH MONTH	
by be ogen and decorp		Josephine	Li nice	Joc		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
ge 4 m	J. 5t	F	1 RACE White	MONI	of Birth * 9-16-1898*	83	MONTHS DAYS HOURS MIN.
of 22 of 25	≯c B	Balto. Md.	U.S.A.	OUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore	
rs after death	10. 0	Balto.		L, NURSING HOME	or other institution to the contract of the co	120. USUAL OCCUPATION  (TYPE F WORK FOR MOST OF WORKING HE)  FACTORY WORKE	126 KIND OF BUSINESS OR INDUSTRETIVED
.ND 212.	USU 130.	AL RESIDENCE (IF NURSING HOME C STATE	NOTHER INSTITUTION GIVE RESIDENTY	DENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13. STREET ADDITION Bent	on Heights Ave.
E, MARYLAND cuted within 24 completely filled 1 and 2 should	14. F	ATHER'S NAME FIRST Frank Hock	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	cabeth Warns	LAST
BALTIMORE, M. cote be executed systican and comp opers. Pages 1 or your the medical ex		WAS DECEASED EVER IN U.S. A		5-09-0613	Mrs. Annette	e E. Kleiner - 560	05 Berton Height
ORDS, 201 W. PRESTON ST., requires that the death certification is greed by the ottending phase remove corbon pricar to buriol, cremation, or removery injury, or other troumotic even	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBU	ONSEQUENCE OF  ONSEQUENCE OF  ITING TO DEATH BU	NOT RELATED TO THE TERM		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  PART I(0)  WERE FINDINGS USED YING CAUSES OF DEATH?
VITAL REC VITAL REC VIV. The low hysicion. icore hos bu ronsit perm Hygiene prr 18 shows an	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Υ	121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
NOF VITA SICIAN: Il ng physici certificate rirol-tronsit ental Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DE	AIR	ONTH DAY YEAR			
NG PHYSICIA of the this certification of the world world in the of the certification of the burial-in the ond mental orked ar them.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR: Af for use of of Health		22a   certify that (I) (this hosp sow the deceased alive a obove. (I) (we) (did) (did n	9-24	19 87.0	nd that ir (my) (our) opinion	death occurred an the date and hau	19, that (1) ywe) lost r and from the couses stated
HOSPITAL OR A fined by the hos FUNERAL DIREC uid be detoched in the Stote Octa		22b. SIGNATURE	16.11	Der	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9-31-8/
TO HOSPITAL retoined by th TO FUNERAL stooled by the with the Stoled with the Stoled		22d. PHYSICIAN SAVAME (TYPE	N K.1	Joxes	6801 B	elan Rel O	Rull my
77 24BP	230.	BURIAL, CREMATION, REMOVA (SPECIFY Burial	10-3-81		rs of Faith Ce	23d. LOCATION CITY OR TO Balto. M	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	uneral director Nam John C. Mi	Uer Inc-641	5 Belair	Rd21206 OGT	TE REC'D. BY REGISTRAND REGIS	e of second distribute

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			S. J. S. W.
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	e si e	/	

New Yorkship James Harry H. SIN X CECALLUL

STATE OF MARYLAND

ingle do 18 c. T. 19234 . No. 1, to the dample . 1 . 10. . 10. . 10 . 41 - 123 CONTROL TO THE PARTY AND ASSESSED ASSESSED TO STATE OF STATE OF The store of the factor of the factor of the store of the with the telling to the market market more than a state of the state o

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE and that in (my) (par) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Sept.21,1981 5601 Loch Raven Blvd. Parkville, Balto. Burial Sept.22,1981 Parkwood 25a. DATE REC'D. BY REGISTRAR 25h. REGIS RUBERT ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

HOURS

17h KIND OF BUSINESS OR

Kev Punch

Garretson

IF UNDER 1 YEAR

INDUSTRY

DHMH- 16 30M 2/80 (VRA 15, 4)

FOR

- STATE

REGISTRAR

Mitigal to the first of the contract of the co THE RESERVE OF STREET, SEC. LAND. The state of the section of the sect series 1027 Hermannessays. Occ. Ergs. Time punch The state of the s Mark Charles and Arthur and Company of Secretary and Market Company Tori This series of the party of the series of th - ALST COLUMN TO TRANSPORT OF THE STREET OF

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SEP 29

REG. NO

1050 York Road 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY Maryland

COUNTY

2b. HOUR

12b. KIND OF BUSINESS OR

wwwso

STATE

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Fontaine

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

## CTATE OF MADVIAND

1. DECEASED NAME	MARTHA	Rebecca		NES	September 28,	1981	9:41a
3. SEX Female	4 RACI	White	5 DATE (	0F BIRTH 11/1898 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 83	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Balto., Mary		U.S.A.	MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore Coun		M
Rossville		ME OF HOSPITAL, NURSI NOT IN SUCH ACILITY, GIVE STREE TANK IN SQUA	NG HOME (	or other institution spi-tal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOM		F BUSINESS OF
USUAL RESIDENCE (# NURS 130. STATE Maryland	NG HOME OF OTHER IN 136 COUNTY Balto.	13c. CITY OR TOV	WN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 2963 Liberty	Parkway	21222
14 FATHER'S NAME FIRST  John	WIDDLE	Dawson	S.A.	I5. MOTHER'S MAIDEN NAME FIRST		LAST	etrich
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FO	HOUSE OF CHAT OF C		Ralph L. Jone	ADDRESS esSame as 13e		

18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one cause per line for (a), (b), and (c),)  BY:  CAUSE (a) Cardiopulmonary Arrest; Septic Shock	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	

19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT			
	and the same of th			YES 🗌	NOX	YES [		NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	21c HOW INJURY OCCU	RRED (ENTERN	ATURE OF INJUR	RY IN ITEM 18. PART I (	OR PART 2)	
21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	14 12	CITY OR TO	A/NI (	COUNTY	6747

220.1 certify that \*\* (this haspital) attended the deceased from September sow the deceased alive an September 28 19 81 , and that in abaye. \*\*(we) (did) (disease) view the body after death. ()(v) (our) opinian death accurred on the date and hour and from the causes stated 22c. DATE SIGN.

7			PHYSICIAN DIRECTOR
226 PHYSICIAN'S NAM	AE (TYPE OR PRINT)	27e.	ADDRESS

Steven Snyder 9000 Franklin Square Drive 21237 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION CITY OR TOWN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

[SPECIFY] 9/30/1981 Burial Oak Lawn Cemetery 24 FUNERAL DIRECTOR

Baltimore, Maryland 250. DATE REC

STAFF
PHYSICIAN

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

18 shav

marked or Item

MPORTANT: If hem 21 is

certificate has been

TO FUNERAL DIRECTOR: After this

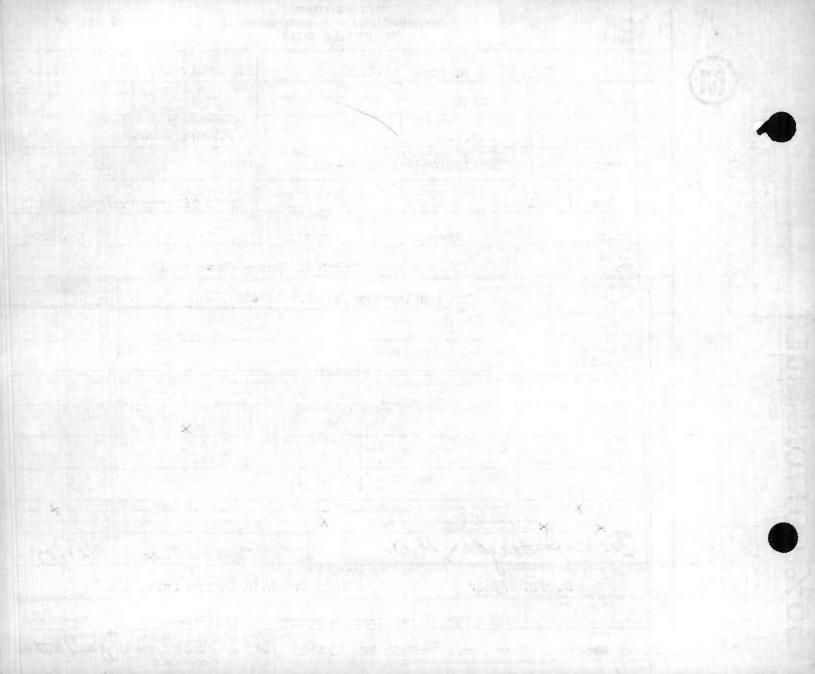
MEDICAL CERTIFICATION

NOT WHILE

21222

Walter Brooks Bradley Inc., Dundalk Md

COUNTY



injury, ar other troumatic event, the medical

shauld be detached far use as the burial-transit permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

FOR

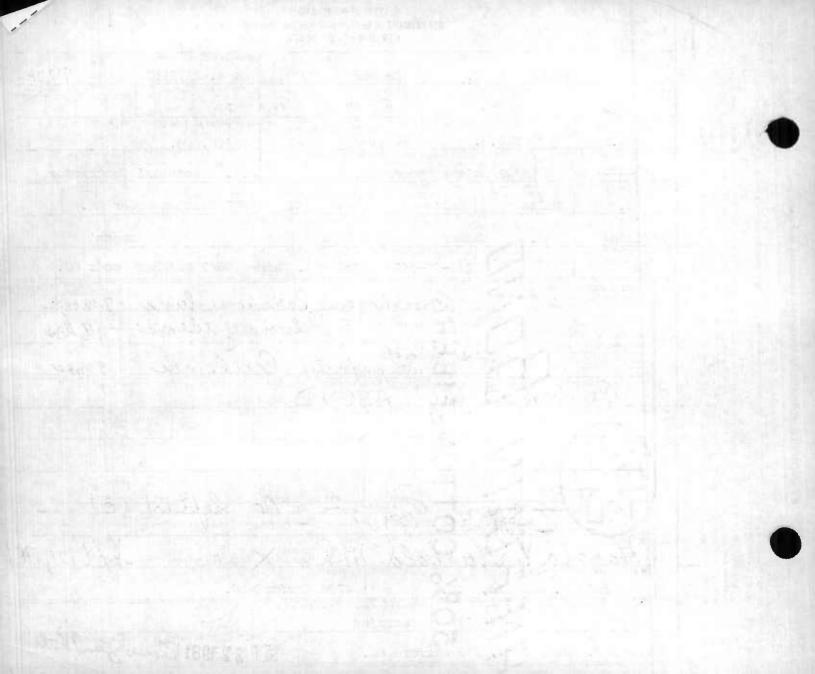
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

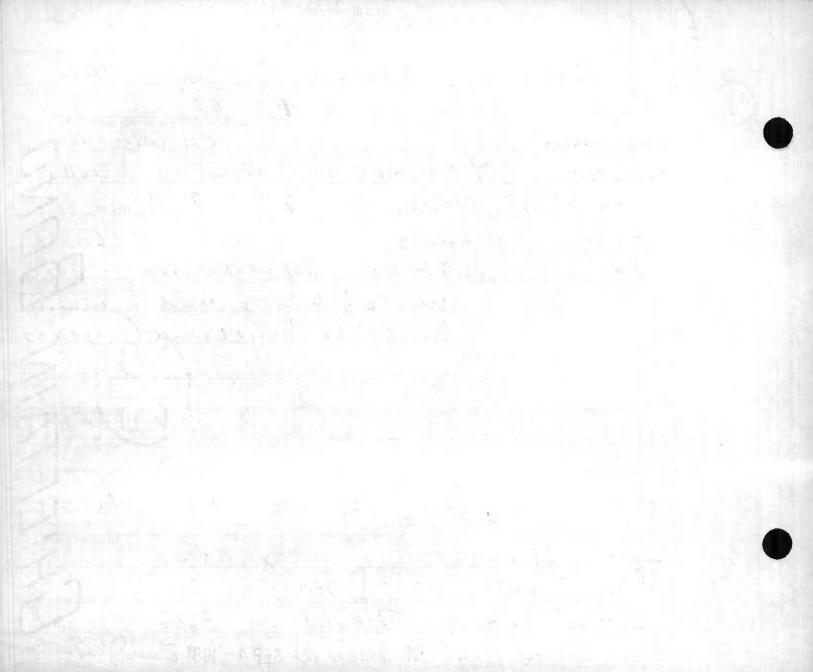
	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.			
1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)						AST	20. DA	20. DATE OF DEATH MONTH DAY			2b HOUR	
Arthur				. Kammer		Se	Sept. 21,1981			7:20A.		
1:56	x		4 RACE		3. DATE C		6. AGE	(IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
Male			White		9-7-03 DAY YEAR			78	YRS	MONTHS DAYS	HOURS MIN.	
To B	IRTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF WHAT COUNTRY?		MARRIED X NEVER MARRIED		9 BALT	9. BALTIMORE CITY OR COUNTY OF DEATH				
Md.			U.S.A.		WIDOWED DIVORCED			lto. Co			MD	
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		120 US	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR				
	Balto		9007 Waltham Wood					Ret. Electrical Contractor				
USU I3n	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		A 10 L IN ICIDE CITY I WATER						
100 000		Balı			4	YES NOX		13e. STREET ADDRESS 9007 Waltham Woods Rd.				
4 FATHER'S NAME						15. MOTHER'S MAIDEN		ME				
W	illiam	J	MIDDLE KA	nmer		Lena FIRST		Naumann *				
160 \	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDR				
(YES, NO OR UNKNOWN) (IF YES, G			219-12-55		526	Helen E. Kammer, 9007 Waltha			1than	n Woods	Rd.	
	18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)				0	aenic Car	Ni in	viana luca			onlas	
	1179	IMMEDIAI		W 41	Ca. 20-	To a service with the services						
	Conditions, if any, which (b)								Krs			
	gove rise to imn	nediate	(b)		1.0		1	-		70.		
ATION	couse (a), stating the DUE TO COR AS OCCURSED TO CORE OF THE CORE											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE ATTRICT OF THE ATTRICT OF											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01											
	190 DATE OF OPERATION 196. CONDITION FOR HICHOL					RATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED						
IFIC					Julie of Entropy of the Chinese			IN CERTIFYING CAUSES OF DEATH?				
MEDICAL CERTIFICATION	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY					YES NO YES T					NO 🗌	
	OR CONTRIBUTING	THE STATE OF THE S	M. MONTH DA			(611			TAN TON TAN 2			
	(IF EITHER NOTIFY MEDICAL EXAMINER) P.A. 21d INJURY OCCURRED 21e. PLACE C				19	211 LOCATION						
ME	WHILE   NOT WH	WHILE NOT WHILE T			RM ETC )	STREET CONCRETEDATION COUNTY					STATE	
MEDICAL CERTIFICA	AT WORK — AT WORK				July 2 17			Solt.	-21	21		
	sow the decreased give an analysis of the data and how and have the course the source of the data and how and have the course that a											
	obove, I) (end (did (did not view) he hody after death											
	TO STORY OF THE ST					DEGREE (ATTENDING) MEDICAL STAFF 21 100						
	M PHYSICIAN'S NIA	AE TOTAL OF	IIV	arvoc	1	22e ADDRESS						
	2M. PHYSICIAN'S NAME (TYPE OR PRINT)											
			arbold,			4706 Harfo						
23a. E	BURIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OR CREMATOR		CITY OR TOWN		COUNTY	STATE	
24.5	Burial		9-24-8	BI L	orrai.			alto			Md.	
	UNERAL DIRECTOR			ADDRESS.				BY REGISTRAR	256 REGIS	TRARSSIGNAT	Wather	
$L_{i}$	eonard J. 1	Ruck,	Inc.,53	305 Harfo	rd Rd	•	SEY 2	2 1981	Chan	60		

DHMH - 16 50M I/B1 (VRA 15, 4)

TO HOSPITAL



STATE OF MARYLAND



BP.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1907

DIVORCED

LAST

5. DATE OF BIRTH

KELLY

Oct.

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

REG. NO 2a DATE OF DEATH MONTH 2b. HOUR 9-21-81 7:35a A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YRS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BALTIMORE COUNTY 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Home 1612 Mussula Road 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE Johanna Casey Patricia A. Linnehan Towson, Md. 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE ANTERLOR MYOCARDIAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

underlying cause 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

22a.1 certify that XI) (this haspital) attended the deceased from

above (we) (did) (dy yay view the body after death

ROSE

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Baltimore

AUDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

113b COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

( IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

White

76 CITIZEN OF WHAT COUNTRY?

M

ST. JOSEPH HOSPITAL

13c. CITY OR TOWN 21 20 4

Shields

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET, FACTORY OFFICE, FARM, ETC )

HOUR A.M. MONTH DAY YEAR

19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21f. LOCATION STREET

DIABETES MELLITUS

17 INFORMANT

20n AUTOPSY?

NO

CITY OF TOWN

STAFF

YES [

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO |

STATE

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

saw the deceased alive on

ORMAN

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

22e. ADDRESS

DEGREE

230 BURIAL, CREMATION, REMOVAL Burial

Sept.

23c NAME OF CEMETERY OR CREMATORY

St. Michaels Cemetery

STATE Chester, PA.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

- STATE

TYPE OF PRINTS

3 SEX

REGISTRAR

Female

TOWSON

Maryland

4 FATHER'S NAME

FIRST

John

13a. STATE

No

CERTIFICATION

WEDICAL

medical

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shov

8

orked or

BIRTHPLACE ISTATE OF FOREIGN

Pennsylvania

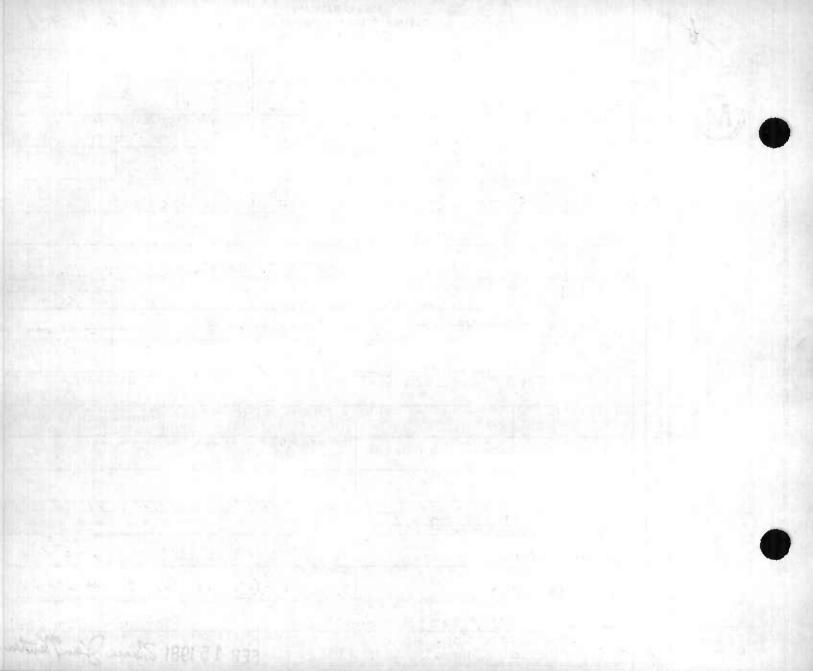
CITY OR TOWN OF DEATH

I. DECEASED NAME

Johnson 8521 Loch Raven Blvd

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the state of the Branch activities and the state of the s Median, by Carrier of Company and 1 800 XHO 1360 1 18 XXI

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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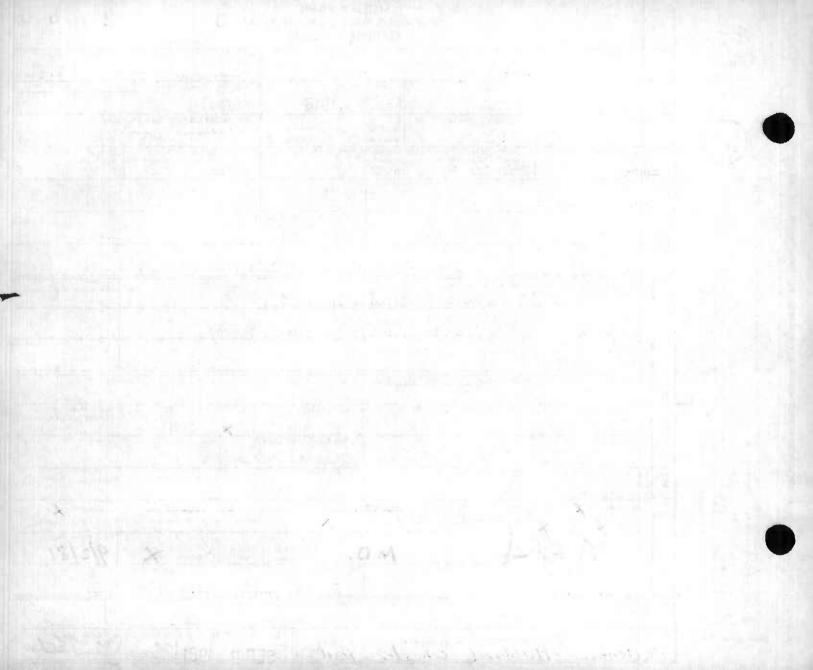
- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	Ĺ	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2	2 /	6 1
n.£		CEASED NAME	FIRST	TO THE W	WIDDLE	,	AST	2a. DATE OF DEATH		DAY YEAR	2b HOUR
90 g		MARY		21	G.	K	pester	September	12, 1	981	4:40P,
August	3 SE	X		4 RACE		5. DATEC		6. AGE (IN YEARS LAST 81		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	-	Female		Caucas		May	30, DAY 896 YEAR	85	YRS		MIN.
50		IRTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
1		aryland			5.A.	WIDOWE	DIVORCED	Baltimore		у,	MD
\$6	Ra	andallstown	100	(IF NOT IN SUI	CH FACILITY, GIVE STREET	ADDRESS)	eral Hospital	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Housekeep	OF WORKING LIFE	12b. KIND O INDUSTRY Recto	F BUSINESS OR
ad 1885	130. S	aryland	ighome or d 13b. COUN' Balti	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Woodlaws	N	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS 2104 Gwyn	n Oak	Avenue	
030		ATHER'S NAME FIRST 1known	~	NIDDLE	LAST		15. MOTHER'S MAIDEN NA/ Catherine			LAST	
e medical	16a. V	VAS DECEASED EVER II YES. NO OR UNKNOWN) NO	U.S. ARA (IF YES, GIVE	MED FORCES?	16b. SOCIAL SECU 219-30-99		17. INFORMANT Raymond L. Sl	hipley, 210		n Oak 1	venue
ed by the attending phys please remove carbanpap trial cremation, ar remove , or ather traumatic event,		Conditions, if any, gave rise to immucouse (a), stating underlying cause	which ediate the last	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	r as a conseque	NCE OF	sopery Ap	PEST			MATÉ INTERVAL NSET AND DEATH
en sign Then ar ta bu injury	TION				imes of the		NOT RELATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART 1(a	
giene prio	CERTIFICATION	190. DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
the functions of the principle of the principle of the principle of the function of the functi	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	USE OF DEAT LEXAMINER)	P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	ED (ENTER NATURE OF INJU CITY OR TO		RT   OR PART 2)	STATE
a rar use c		22a. I certify that (I) (1 saw the deceased abave, (I) (we) (die	alive on_	1013	19	9- 8 (, an	d that in (my) (our) opinion o	ta, tadeath occurred on the de	, 1 ote and haur	9 , 1 and from the c	hat (I) (we) last auses stated
hould be detached the State Dept APORTANT: If then		22d. PHYSICIAN'S NAA	me	Salve	Clan		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAI		22c. DATE S	2-81
	23a B	URIAL CREMATION R	IN C		DERTOLA	AMERICA	Baltino	DO COUNT	(60,	Jepa	JOSPITA

DHMH - 16 50M 1/81 (VRA 15, 4)

BP\_

THEUNERAL DIRECTOR

9/15/81

Burial

WOODLAWN MEMORIAL FH 6111 Windsor Mill Rd

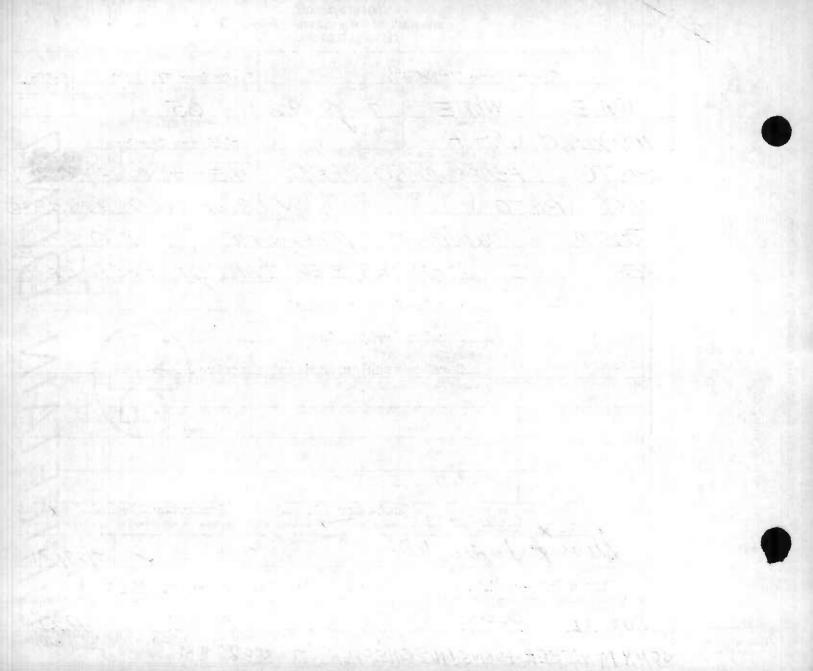
Holy Redeemer Cem.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATOR

Baftimore City, Maryland STATE

2b HOUR 4:40PM IF UNDER 24 HRS

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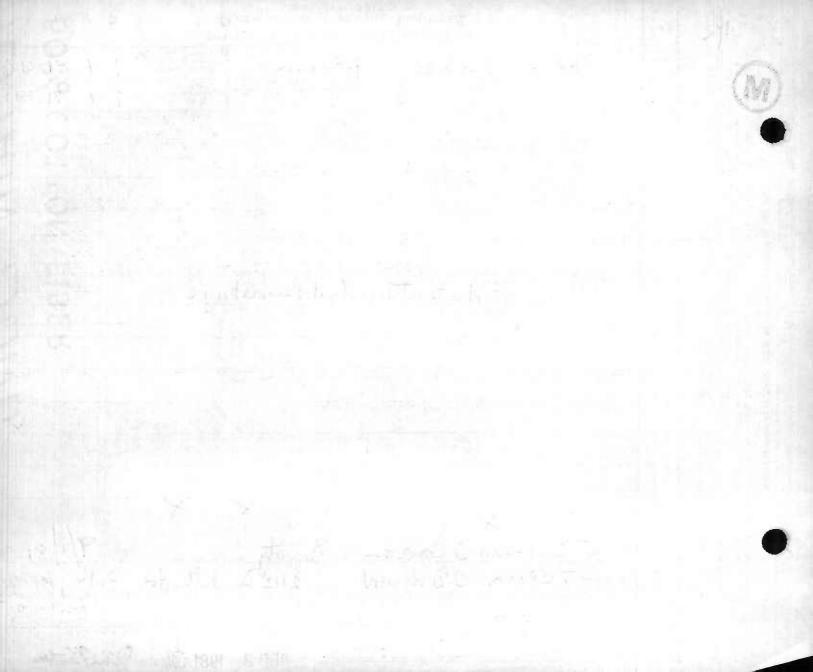


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE LAME AS A SECOND CONTRACT OF THE SECOND 19-01-Frankling State State of the State of Mark the contract of the contr Martin C. Levine . Firm is SER NY 1981 Plans

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME a DATE KNOWN 7b. HOUE (TYPE OR PRINT) KRUGER OF SARAH FRANCES ESTI-Ola DEATH MATED 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 0315 Female White 1925 56 6 24 DEAD BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County West Virginia DIVORCED WIDOWED -IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Dundalk Collingham Waitress RETAIN PA Dr. Apt. C USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Apt. C CITY OR TOWN Dundalk 130 STATE Baltimore 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 7829 E. Collingham Dr. NO IT F. PAGES 1 AND 2 SI DIVISION OF WITAL, 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Ulysses Stella Hardu Phillips 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Cothingham Dr. Apt Balto. MD. 18 CAUSE OF DEATH (Enter only one cause per line for (of. (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [ BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY 21f LOCATION AT WORK NOT WHILE STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE STINGORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion deoth resulted from Hamicide Undetermined monner TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Baltimore BP 25b. REGISTRAR'S SIGNATURE Duda-Ruck postInc. 250. DATE REC'D. BY REGISTRAR **DHMH-17** Wise Avenue (VR A15 ME (5)) Dundalk. 15M 2/80



31 Brehms Lane - Balto., Md. 21213-1899

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

Items 5, 6, 7a, 7b, 13b13d Film G560

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(VRA 15, 4)

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Dundalk. MD.

STATE OF MARYLAND

FOR

7922 Wise Avenue

DIVISION OF VITAL RECORDS, 201

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DHMH - 16 50M 1 (VRA 15, 4)

	CEASED NAME E OR PRINT)	Freder	ick W	illiam KUH		AST				6:00
	Male		RACE Whi	te	S. DATE C	DE BIRTH 7 21, DAY 1932 AR	6 AGE LINYEARS LAST B	Platt  ADDRESS Wife  Same  Time if yes, were finite or author of the property	NINS DATS	
	RIHPLACE (STATE			SA SA	8 MARRIE WIDOWE	D EXEVER MARRIED DIVORCED		OR COUNTY O		
Ro	ssville	21237	Fran	SUCH FACILITY SVE STREET	ospit	OR OTHER INSTITUTION	12a USUAL OCCUPAT Warehousem	OF WORKING LIFE)		of Busine
130 5	AL RESIDENCE (IF P STATE Tyland	Baltim	HER INSTITUTION	ON GIVE RESIDENCE BEFORE  124 CITY OR TOWN		134. INSIDE CITY UMITS?	13e. SPEE SADDREAS	wthorn	Road	2122
14. FA	ATHER'S NAME	ederick "	Kuhn	LAST		15. MOTHER'S MAIDEN N	Mary Pla		L	AST
160 V	WAS DECEASED EV TES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	218 28 37	770		. Kuhn, Wif		Same	
	Conditions, if a gave rise to couse (a), is	ny, which immediate ating the	DUE TO	OR AS A CONSEQUE	NCE OF	ecter de	seare			
ATION	Conditions, if o gave rise to course to should be underlying to PART 2 OTHER 5	oy, which immediate along the lost one fost	DUE TO.  DUE TO.  HOLLINGTONS	OF ACONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	NCE OF C	acting de	MINAL DISEASE OR COM	Hanne world to a second		
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CAL CERTIFICATION	Condition, if of gave rise to course to the	ony, which immediate sting the sting the sting the sting the sting to	DUE TO.  (b).  DUE TO.  (c).  NOITIONS.  1%. CON.  21b. TIME HOUR	OR AS A CONSEQUE  CONTRIBUTING TO D  OF INJURY	DEATH BUT	NOT RELATED TO THE TER	ANNAL DISEASE GROOM	78h IF YES, Y IN CERTIFYII YES	WERE FIND NG CAUSE	INGS USEC
MEDICAL CERTIFICATION	Conditions, if of gave rise to couse (o) stouched tying co PART 2 OTHER 5	Ony, which immediate along the use lost.  GARRICANT CONTROL ON CONTROL ON CONTROL CONT	DUE TO (b), DUE TO (c), DUE TO	OR AS A CONSEQUE  CONTRIBUTING TO D  OF INJURY  A.M. MONTH DA	OPERATION Y YEAR	NOT RELATED TO THE TER	ARRED LINITE HARLING OF PAUL	ZIBL IF YES, Y IN CERTIFYII YES	WERE FIND ING CAUSE	INGS USEE S OF DEAT NO
170	Conditions, if to gave rise to couse (o) is underlying co PART 2 OTHERS  THE DATE OF OPE  THE DATE OF OPE  THE ACCORDING WAS DO CONTRIBUTING [IN EURISE NOTICE ACCORDING TO AC	ON Which immediate thing the use fost one fost o	DUE TO (b), DUE TO (b), DUE TO (b), DUE TO (c), DUE TO	OR AGACONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO D  IDITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M. E OF INJURY  STREET, FACTORY, OFFICE FOR	OPERATION  OPERATION	NOT RELATED TO THE TER N WAS PERFORMED  THE HOW INJURY OCCU THE LOCATION STREET  19 80  4 that in (my) (our) opinio	THE CITY OF THE	20h F YES, VIN CERTIFYIII YES UST ON THE IN FACTOR OF THE IN THE INTERIOR OF T	WERE FINDING CAUSE	NOS USEES OF DEAT
170	Condition, if of gave rise to couse (o) is underlying co.  PART 2 OTHERS  THE DATE OF OPE	ON, which immediate along the use lost of the	DUE TO  1b).  DUE TO.  10 IV).  NOTTIONS.  11th CON  21th TIME MOUR  21th PLAC 1AT HOME  CALL	OR AGACONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO D  IDITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M. E OF INJURY  STREET, FACTORY, OFFICE FOR	OPERATION  OPERATION	NOT RELATED TO THE TER  N WAS PERFORMED  THE LOCATION  THE	THE CITY OF THE	78h IF YES, YIN CERTIFYI YES OWN. 19	WERE FINDING CAUSE	NGS USEE S OF DEAT NO
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STATE OF MARYLAND

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Frederick Kulti

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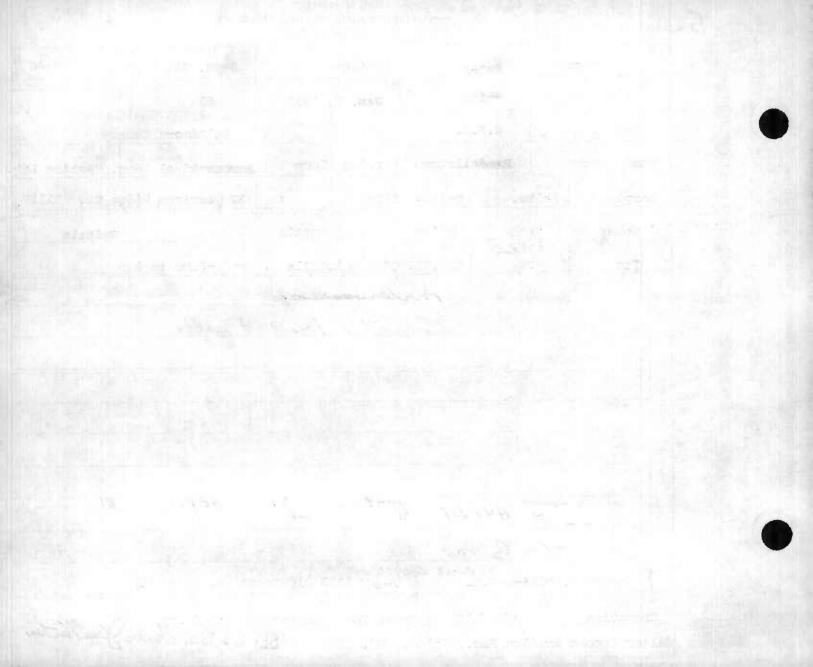
FOR STATE

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ADTACKI	100	ue.	ALT	11	AND	MENT	A 1

		REGISTRAR				CEKIII	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST	- /	MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 7
	[ TYPE	Harr Harr	У	Pete	r	Kup:	iec	Sept. 21	, 1981		2:40 A
	3. SE	X	1	I. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		NDER ! YEAR	IF UNDER 24 HRS
		Male		Whit	e	Jai	n. 5, 1913	68	YR5	HS DAYS	HOURS MIN.
1		IRTHPLACE (STATE OR F	OREIGN 7	& CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
0		Penna.		U.S.		WIDOWE	DIVORCED	Baltimo	re Count	:У	MD.
1.		ITY OR TOWN OF DE A		LIE NOT IN SUC	HEACHITY GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		7b. KIND O	F BUSINESS OR
0		Randallstow		Randa	llstown	Nurs:	ing Home	Aeronautic			ting Lab
1	13a. S	AL RESIDENCE (IF NURS STATE	13b COUNT		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS			
n	M	Maryland	Balt	0.	Owings :	Mills	YES NO X	32 Garris	on Ridge	ct.	21117
)	14. FA	ATHER'S NAME		IDDLE	LAST		15, MOTHER'S MAIDEN NA				
6		Peter	Pa	_	Kupiec		Lottie	MIDDLE	c	Swita.	l a
		WAS DECEASED EVER			16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRI		/WICU.	Lu
	- {	YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	226.03.	9035A	Michelle K.	WoodSame	as 13e		
		18 CAUSE OF DEAT	H rEnter anly	one cause per	line for iai, (bi, an	id ici l				APPROXI	IMATE INTERVAL ONSET AND DEATH
		PART I DEATH W	AS CAUSED		An	tan	selesis				
		WILLIA	MINICULATE								
Н		Canditions, if any,	bish	DUE TO, OF	RAS A CONSEQU	ENCE OF	- Hond	Forlue			
		gave rise to imm	nediate	(6)			ate 11 to 1	, coure			
		cause (a), stoting cause		DUE TO, OF	R AS A CONSEQU	ENCE OF					
	-	DARTS OTHER SIGN	LIEICANIT CO	(0)	NITRIBUTING TO	05 4 711 0117	NOT DELL'ARTE TO THE TOTAL PROPERTY.				
	Z	FART 2 OTHER SIGN	VIFICANT CO	JNDIIIONS <u>CC</u>	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVEN II	N PART TO	D .
-	CERTIFICATION	19a. DATE OF OPERAT	ION	TIN CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WE	EDE EINIDIN	ICS USED
)	FIC.	THE DATE OF CIERA	1014	IN. CONDI	HOIVIOR WITHCH	OFERATIO	IN WAS PERFORMED		IN CERTIFYING		
May .	RT	21g. ACCIDENT WAS UND	FALVING $\Box$	All This C	e in thirty		La Harris	YES NO X	YES	al la	NO 🗌
1		OR CONTRIBUTING		HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 PART 1	OR PART 2)	
1	CA	(IF EITHER NOTIFY MEDIC		P./	М.	19					
	MEDICAL	21d INJURY OCCURR		21e. PLACE C	OF INJURY BET FACTORY, OFFICE I	FARM FIC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	<	AT WORK AT WOR	ILE			The state of					
		22a I certify that (1)	(the should	n attended the	deceased from_	JUSY	19.81	to SEPT	. 19_	81	that (I) (we) last
		saw the decease above, (1) (we) (d	d alive		7/37 19 3	1, ar	nd that in (my) <del>(ast)</del> apinion	death occurred on the de	ate and haur and	d from the	causes stated
		72h SKSHATURE	G G G G G G	view the oddy	anter death.		DEGREE			22c. DATE	SIGNED
		Jerne	HG.	inla .	mo		ATTENDING PHYSICIAN [	MEDICAL STAI		9/21	1/1981
L		226 PHYSICIAN'S NA	ME (TYPE OR	PRINT)	ROME GI	INISAE	100				27 2302
		Morton J	. Ell			mo		urt Rd. Bal	to Md		
		BURIAL, CREMATION,	REMOVAL	236 DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
		Cremation		9/22/1	981 G	reen 1	Mount Cremato	ry Baltimo:		Maa	state

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc., Balto., Md. 21222



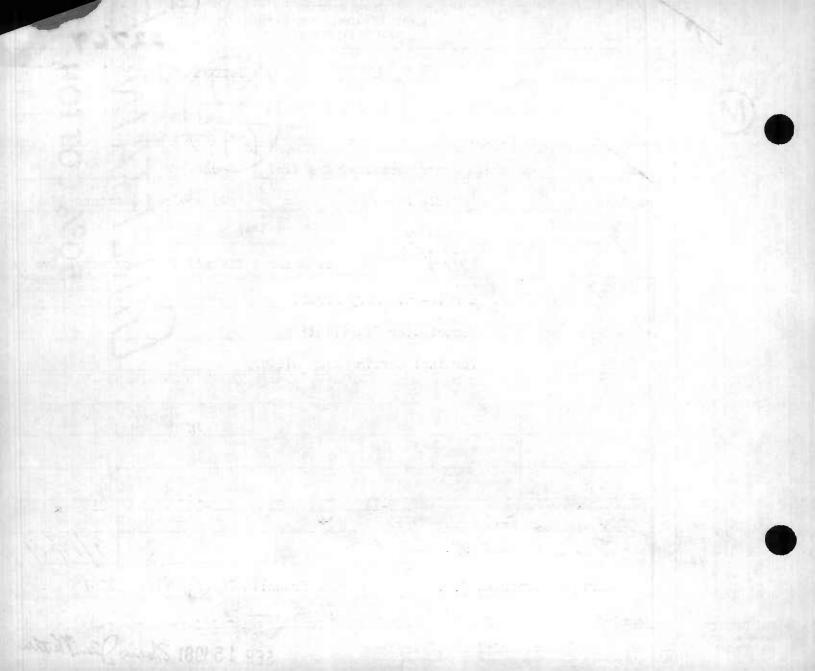
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 1 2 2 REG. NO. 2276

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.25	749	
	CEASED NAME FIRST	MIDDLE	EIRS FEEL	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	Mary		LA	GNA	September	14.	1981	8:59
3. SE)	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HI
	Female	White	Aug	15, 1895	86	YRS	MONTHS DAYS	HOURS MI
To. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY C	11101	Y OF DEATH	
	talu	U.S.A.	WIDOWE		Baltimore	Cou	ntv	He Col
	TY OR TOWN OF DEATH		L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS
E	ssex			xxx Hospital	Housewill		LIFE) INDUSTRY	
JSUA 13a S	AL RESIDENCE (IF NURSING HOME		DENCE BEFORE ADMISSION) Y OR TOWN		1			
	laryland		dle River	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 221 BOW	leys	Quarter	s Rd
-	THER'S NAME			15 MOTHER'S MAIDEN NA				
	FIRST ?	Mer.	nandri	FIRST	Unknown		LA	ST
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 50	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
( )	YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 215	CIAL SECURITY NO. 5-54-0648	Mrs Norma	L DiVenti	3907	Forrest	er Ave
	18 CAUSE OF DEATH (Enter			<u> </u>			APPROX	MATE INTERVAL ONSET AND DEA
CERTIFICATION	PART 2. OTHER SIGNIFICAN		DR WHICH OPERATIO		200 AUTOPSY?	20b. IF YI	ES, WERE FINDS	NGS USED
RTIF					YES NOX	1	res 🗌	NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MC		21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION	CITY OR TO	WN	COUNTY	STATE
2	AT WORK NOT WHILE	(ATTOME STREET, PACIC	DRT, OFFICE, FARM, EIC	J				
	220.1 certify that 💢 (this ho	4		/				that 🗶 (we) l
	sow the deceased aliver above, (we) (did) (34)	on0 14	oth 19 81 , or	d that in (our) opinion	death occurred on the de	ate and ho	our and from the	couses stated
	22b. SIGNATURE	Man		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	FF IANK	11. 1411	14/ 8
	224 PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS		- Tyling	-	1
	Enrique l	Hernandez M.D	).	9000 Frank	lin Square I	rive	21237	
	URIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION			
230 B	IONIAL, CREMATION, REMOV				CITY OF TOWN		COUNTY	STATE
23a B	SPECIFY)	9/19/81	Garden	oc Of Faith				
24 FU	SPECIFY Burial JNERAL DIRECTOR nard J Ruck II	9/19/81				25b. REGIS	aruland	
	Enrique l	Hernandez M.D		9000 Frank	lin Square [			4

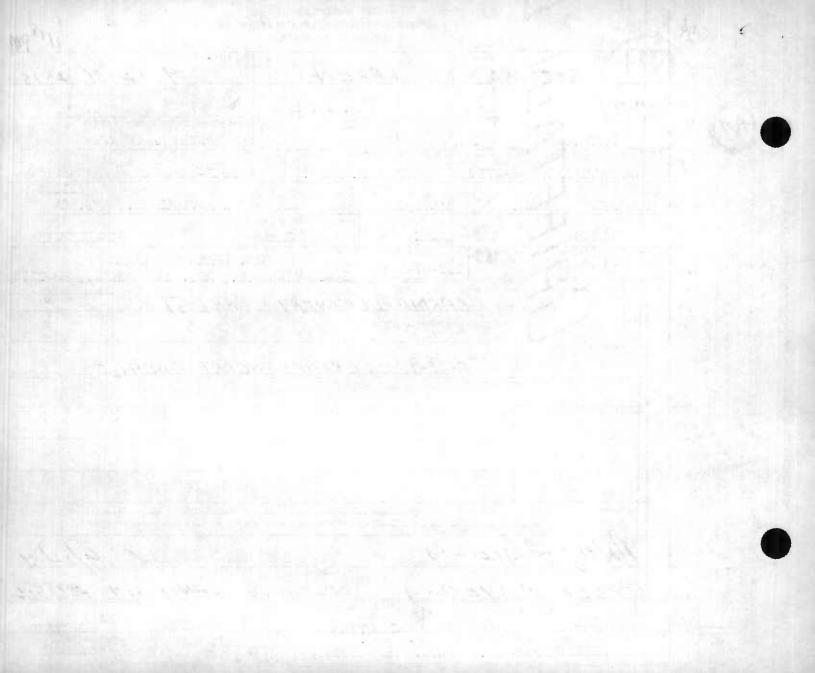
DHMH - 16 50M 1/81 (VRA 15, 4)



	1.	FOR STATE			DEPARTA	NENT OF H	E OF MAKTLAND BEALTH AND MENTAL HYG TCATE OF DEATH	IENE 8	2 2	2 /	10
	Î DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	CEKTIF	AST AST	REG. 1	NO.	YEAR	2b. HOUR
e e	(TYPE	OR PRINT)	Pau		Saunder	s Lal	ke	AL DATE OF BEATT	9 22	81	745
0.00	3 SE	x	Tac	4 RACE	Duanaci	S. DATE C	OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)			UNDER I YEAR	IF UNDER 24 HRS
MI)		Male		White	9	Apri	1 22,1895 YEAR	86	YRS.	NIHS DAYS	HOURS MIN
215		RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
:15	10.6	Pennsylv		USA	LIOCOLT AL ABILIDO IN	WIDOWE	DROTHER INSTITUTION	Baltimo	re Coun		MD.
58		Towson		(IF NOT IN SUC	Joseph	Hosp:		(TYPE OF WORK FOR MOST Manager		industry Club	OF BUSINESS OR
and S. F.	13a S	AL RESIDENCE (IF NURSI STATE Maryland	13b COUN		13c CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 710 Dunk	irk Rd.		
OF OF SC		Washington	n Col	MIDDLE LAST FIRST			15 MOTHER'S MAIDEN NA/ FIRST Louise	ME		Sauno	
medicol		VAS DECEASED EVER	N U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RES 422 Ha	verhi	11 Rd.
		Yes	WW	I	217-05-1	622	Mr. Paul S.	Lake, Jr.	Joppa,		
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE							Hemorrhage			BETWEEN	MATE INTERVAL
ry, or other traumotic		Conditions, if ony, gove rise to imm couse to, stoting underlying couse	ediote g the lost	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN						
yours any injury,	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	NG CAUSES	OF DEATH?
show of the state	ERTI	21a, ACCIDENT WAS UND	FRLYING [	21b. TIME C	DE INTURY		21c. HOW INJURY OCCUR	YES NOX	YES (		NO 🗌
or Item 18 shows		OR CONTRIBUTING C	AUSE OF DE A	HOUR A.	.m. month da .m.	YEAR		ED TENER MANOR OF THE	0,7 A	, 04 : 24 : 2	
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER, NOTHER MEDICAL EXAMINATION OF CONTRIBUTING WHILE AT WORK NOT WHILE AT WORK AT WORK		RK -	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET CITY OR TOWN			COUNTY	STATE	
21 is ma	sow the deceased alive on Sept. 23, 19.81 and that in KX (our) opinion death according to the second of the second						, toSept.  death accurred on the	date and hour a	81 nd from the	that (h (we) lost couses stated	
VT: If Hem		22b. SIGNATURE	n,	Ros	ship		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 9	23 DATE	SIGNED
MPORTANT: H		22d. PHYSICIAN'S NA Rashad			D		7620 York R	d Towern	Marylan	4 212	20/
M M	23a.	BURIAL CREMATION		23b. DATE		IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	rial y Lail	4, 212	
		Burial		9/25/	81	Lorra	ine Park	Woodlawn	, Balto.	Co.,	Md.
/77	24. F	UNERAL DIRECTOR			ADDRESS 65	00 Yo	rk Rd. 25		R ZSK REGISTR		
	M	itchell-Wi	edefe	1d Home	Inc. B	alto.	Md. 21212		-	V <sub>2</sub>	The State of the S

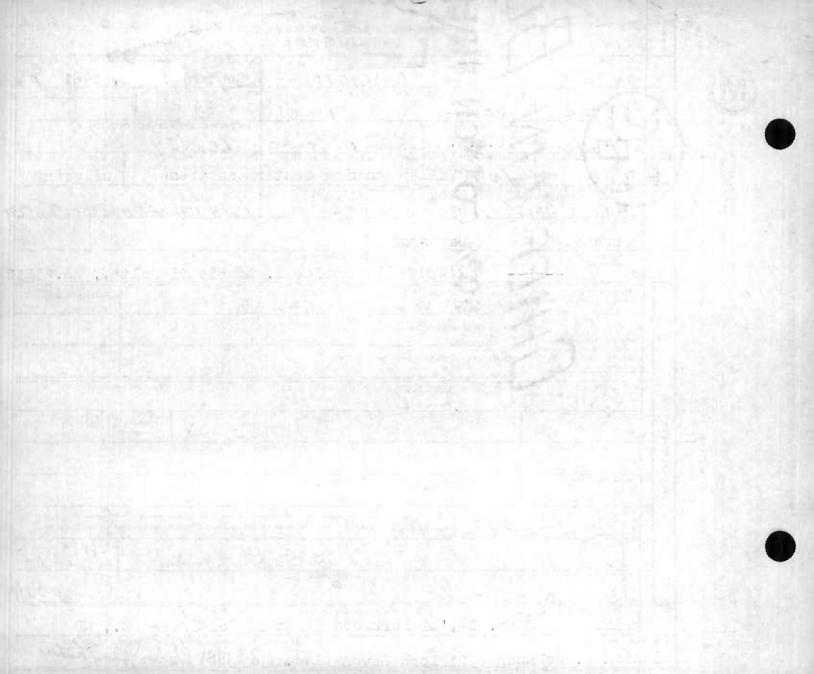
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	THE PERSON				
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			Addi.	STRAVE	conna'
dull forces.					
THE Symplectic and the second		nloimore	990	to I so . 1	han Ferris
presence	noles.		MAJ mids	lilo) mi	tim tilles i
A LEGITARS (SS)					
ole, Jr. Jones, Mr. 2108					201
	4				
	A CONTRACTOR				
	de la company				
. of .orfa .marbook	. 10 TI 01	Silm t	Fallse/fa		La Pana
		rol Alico			
		police in	L. Jones D.	Decated	(- [ fodsad)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	15	1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. NO	ha ha	116
· Con			CEASED NAME FIRST	N.	WIDDLE	ı	AST a	2a. DATE OF DEATH		EAR 26 HOUR
TNA	)		ANTONIA			LAN	CIOTTI	Septembe		19812 PM
117	1	1.5E	FFMALE	4. RACE	ITE	S. DATE (		6. AGE (IN YEARS LAST BIRT	MONTHS!	DAYS HOURS MIN.
Pog Pog	20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8.		9. BALTIMORE CITY O	YRS. COUNTY OF DEA	тн
deorth unerro	47	1	ITALV		S.A.	WIDOWE		COUNT	TY BE	7/10 MD.
201 un after a by the fi	90	B	ALTO CO.	(IF NOT IN S	CC Valle	y Nu:	rsing Cente	126 USUAL OCCUPATION IN THE STATE OF WORK FOR MOST OF THE STATE OF THE		ind of Business or
LAND 21	35	7 ln	TATE NAME OUN	NTY 239	Baltim	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	KER AVE	BALTO 21239
MARYLAND med suthin 24 propletely fills	300			MIDDLE	Barnab	ai	15. MOTHER'S MAIDEN NAI	WE		LAST
ORE,	dicol		(IF YES, GIV	MED FORCES			17 INFORMANT	ADDRE	100 100 100 100	
BALTIMORE.	1		No		212018		Americo A.	Lanciotti		Md. 21212
: 4 50	mova vent,		PART I. DEATH WAS CAUSE	Ily one couse p D BY: IE CAUSE (0)_	Colub v		1 strus	-h	BET	WEEN ONSET AND DEATH
ON S	or re		1519	394	OR AS A CONSEQUE	NCE OF				
W. PRESTON ST at the death certify the attending p	troum		Conditions, if ony, which gove rise to immediate	(b)_						
201 W. P es that the	ol, crem or ather		couse (o), stating the underlying couse lost.	DUE TO,	OR AS A CONSEQUE	NCE OF				
RDS, 20	r to buri injury, o	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO D	SVA	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PA	RT 1(o)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir offending physicion.  After this certificate has been sign	shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES I	AUSES OF DEATH?
OF VITA SICIAN: T ng physici certificote	E 80		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH DA		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	(RT 2)
PHYSICIAN: ending physis this certifical	d or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, F.	19 ARM, ETC )	21f LOCATION STREET	CITY OR TOV	vn coun	NEY STATE
DING or off	olth and morked		WHILE NOT WHILE AT WORK				~/	als	15-	
R ATTEND hospital of RECTOR:	of Hed 21 is n		22a. I certify that (I) (this hospin saw the deceased alive on above (I) (we) (did) (did no	94	5 198	> / _ , or	nd that in (my) (our) opinion (	death occurred on the do	te and hour and from	m the couses stoted
0 0 0 5	ite Dept. T. If Hem		27b. SIGNATURE	View/ine Boo	and 1	61	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED /8/
O HOSPITA etained by TO FUNERA	with the State [		22d. PHYSICIAN'S NAME (TYPE O	aC)	melil	7 V U	22e. ADDRESS S.	Highlon	of Are	21724
5 a 5 a	3 3	23a. 8	IURIAL, CREMATION, REMOVAL	23b. DATE	1		EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
2738BP			SEUTIAL DIRECTOR	Sept.	24, 81	Park	wood Cemete:	ry Baltimo		MD
DHMH-16 30M (VRA 15, 4		Wi	lliam E. Joh	ngon	8521 Too	h Do	Von Blad	23 1981 Z	CACCAS TRAR'S SIC	Tarken
	1-0-5			TIDOII	CALL HOU.	1 na	ACIT DYAMA	W. 4 1001 0/4		

STATE OF MARYLAND



IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	ì	2	2	1	1	3
CERTIFICATE OF DEATH		REG. NO.					

1	- STATE REGISTRAR			DEFAR		ICATE OF DEATH		G. NO.		
	CEASED NAME E OR PRINT)	FIRST	CAT	HERIN	£	LANGIS	20. DATE OF DEA		7 RM	26 HOUR
3 SE	× Female		RACE h	741 (441)	5. DATE O		6 AGE (IN YEARS LA		MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
7a. BI	IRTHPLACE (STATE OR FOR	REIGN 7b		WHAT COUNTRY	? 8 MARRIE	D X NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY		
K	Maryland ITY OR TOWN OF DEATH Cingsville		12702	HOSPITAL, NURS H FACILITY, GIVE STREE Lee Ben	Road	DR OTHER INSTITUTION	12a USUAL OCCL		12b KIND O	F BUSINESS OR
13a. S Ma	AL RESIDENCE (IF NURSING STATE 1; ATYLAND	Balti		131. CITY OR TOV	WN	YES NO 🔀		Lee Ben	Road	
	John		W.	Morgar		15 MOTHER'S MAIDEN NAM FIRST Margaret	G		Byro	à
	vas deceased ever in yes, no or unknown) <b>NO</b>	U.S. ARME (IF YES, GIVE W		166 SOCIAL SEC 212-32-9		Mr. Ronald G.	PARIS QUY	same as	s # 13	
ATION	couse (o), stoting underlying couse  PART 2 OTHER SIGNIF	FICANT CO	NDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR		EN IN PART 110	
CERTIFICATION			12	run :	un	or	YES NO	IN CERTIF	YING CAUSES	
MEDICAL CE	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED	USE OF DEATH EXAMINER)	P./ 21e. PLACE (	м. моnth е м.	DAY YEAR 19	211. LOCATION STREET		PINJURY IN ITEM 18 P	COUNTY	STATE
	WHILE NOT WHILE AT WORK  220. I certify the (I) (I) sow the decease obove (I) (I) (W) (did	his hospitol			. /	ad that if (my) (our) apinion of	, to	the date and hou	19 r and from the	thoy (I) (we) loss
	226. SIGNATURS	_	1		Mi	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN 🗌	224. DATE	7 P
23a. B	BURIAL, CREMATION, RE		9/10/8	LO OF L		EMETERY OR CREMATORY  d Cemetery	23d LOCATION CITY OF TOV Balti	WN	Maryl	and STATE
	INERAL DIRECTOR NAME  K Towson Fu	neral		ADDRESS		ck Road CE	Balti REC'D. BY REGIST	RAR 25b. REGISTI	RANESIGNAT	Warthere,

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

GELDING TO SELECT

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST MIDDLE 2a. DATE OF DEATH 9-8-81 **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE COUNTY 12b. KIND OF BUSINESS OR RETITED MOST OF THINGS E INDUSTRY 3e STREET ADDRESS 3200 Gartside Ave. 21207 40 Chesapeke Ave. Towson, Md. 21204

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

Maryland

21204

1050 York Rd.

SFP 9 1981 COUNTRY OF THE STATE OF THE STATE

24 FUNERAL DIRECTOR

STATE

REGISTRAR

DECEASED NAME

DHMH - 16 50M 1/B1 (VRA 15, 4)

THE STATE OF THE PERSON The second of th . ord o'soptimit'. a un A guel and allivseria sublement added breat TU-11-1 greening a Successon America or course. To so present the care. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completer filed in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 thau die with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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<b>FPARTMENT</b>	OF	HE	ΔI	TH	AND	MENTAL	HY

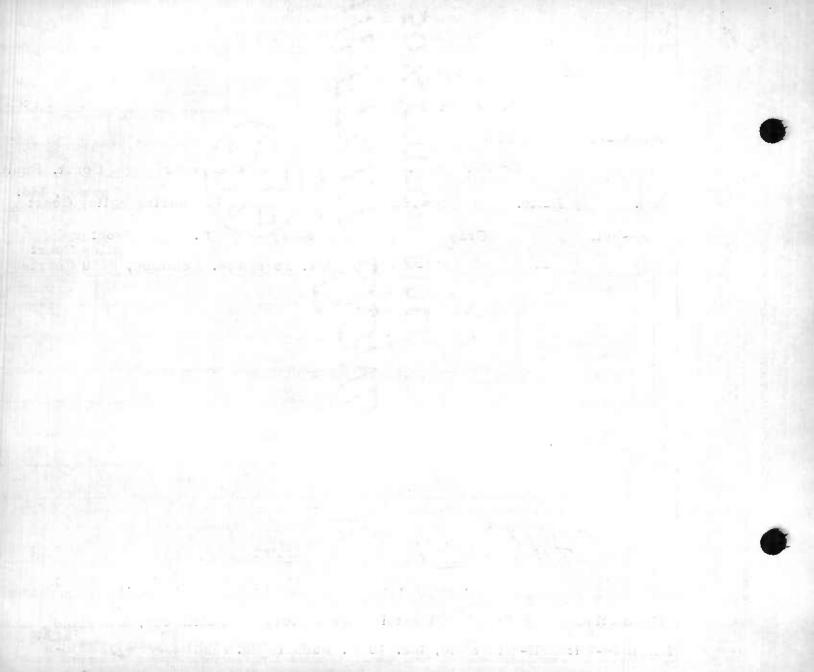
1	- STATE REGISTRAR				IEALTH AND MENTAL HYO	REG.	NO		
	ECEASED NAME FIRST		MIDDLE	ı	AST	2a DATE OF DEATH		DAY YEAR	2b. HOUR
	PE OR PRINT)		E.	LEIGH		Septemb	er 12.	1981	34
3. SE	EX	4 RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST!		FUNGER I YEAR	IF UNDER 2
	Male	Whit	te	Oct.	. 22, 1899	81	YRS.	MONTHS DAYS HOURS	
10. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN O	F WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
9	Maryland	US	SA	WIDOWE	_	Baltimo	ore Co	unty	
The C	TITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPA	TION	12b. KIND (	OF BUSINES
	andallstown	Baltim	nore Cou	unty G	en. Hosp.	Plumber			le & h
13e.	JAL RESIDENCE (IF NURSING HOME STATE 136 GOI	OR OTHER INSTITUTIO	13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ς.		
V		A.	Pasad		YES NO	1702 Sa		Road	# 21
14 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
		liam	Leic	aht	Eva	Mae		Ra	con
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?			17. INFORMANT		RESS		COLL
(		WAR OR GATES)	216 05	5948	Ralph R. I	eight Co	okeve	(1110	111
	18 CAUSE OF DEATH LEnter PART I. DEATH WAS CAUS				1 Ratipit IV.	_cruit, oc	cheya		IMATE INTERV
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	OR AS A CONSEO						
TION	gove rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, (c)	OR AS A CONSECU	DEATH BUT		Do. Lie			
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (c)	OR AS A CONSECU	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	IN AL DISEASE OR CO	20b. IF YES,	, WERE FIND! YING CAUSES	NGS USED
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, C  (c)  CONDITIONS C  196 CONE  198 CONE  HOUR A	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHIC OF INJURY A.M. MONTH	DEATH BUT		20a. AUTOPSY? YES NO 🔀	20b. IF YES, IN CERTIFY YES	WERE FIND!	NGS USED S OF DEATH
MEDICAL CERTIFICATION	gove rise ta immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	(b)_ DUE TO. (c)_ (c)_ [ONDITIONS C]  196 CONE HOUR A HOUR A FER)  21e PLACE	OR AS A CONSEO CONTRIBUTING TO DITION FOR WHIC OF INJURY	DEATH BUT TH OPERATION  DAY YEAR 19	n was performed	20a. AUTOPSY? YES NO 🔀	20b. IF YES, IN CERTIFY YES	WERE FIND!	NGS USED S OF DEATH
	gove rise ta immediate couse (o1, stating the underlying couse lost.)  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK AT WO	DUE TO. (c)  DUE TO. (c)  CONDITIONS C  196 CONE  196 CONE  196 CONE  216 TIME (HOUR A HOUR A FR  216 PLACE (AT HOME S	OR AS A CONSEO  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH  OF INJURY  TREET FACTORY OFFICE  the deceased from	DEATH BUT  TH OPERATION  DAY YEAR  19  E. FARM. ETC.)	21c. HOW INJURY OCCUR 211 LOCATION STREET . 19	YES NO RED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FIND I	NGS USED S OF DEATH NO  S12
	gove rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. WORK AT WORK AT WORK AT WORK AT WORK 22d. I certify that At (this has saw the deceased alive above (II) (we) (did) (did 22d. SIGNATURE	CONDITIONS C  196 CONE  196 CONE  196 CONE  196 CONE  216 TIME O HOUR A HOUR A P 216 PLACE (AT HOME S	OR AS A CONSEO  CONTRIBUTING TO  DITION FOR WHICH  OF INJURY  A.M. MONTH  OF INJURY  TREET FACTORY OFFICE  the deceased from	DEATH BUT  TH OPERATION  DAY YEAR  19  E. FARM. ETC.)	211. HOW INJURY OCCUR 211 LOCATION STREET  19 9  Ind that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [	200. AUTOPSY? YES NO SERED (ENTER NATURE OF IN CITY OR: death occurred on the	20b IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FIND I	NGS USED S OF DEATH NO
MEDICAL	gove rise ta immediate couse (o1, stating the underlying couse lost.)  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTHER MEDICAL EXAMINATION OF COURSED)  WHILE NOTHER WORK  22d. I certify that (II) (this has saw the deceased alive a above (II) (we) (did) (did.)  22d. PHYSICIAN'S NAME (1998)  22d. PHYSICIAN'S NAME (1998)	DUE TO, (c) (c) (CONDITIONS CONDITIONS CONDI	OR AS A CONSEO	DAY YEAR  19 E, FARM, ETC.)	211. HOW INJURY OCCUR 211 LOCATION STREET  19 10 dt that in (***) (aur) apinion DEGREE ATTENDING PHYSICIAN [ 22e, ADDRESS	200. AUTOPSY?  YES NO SERED (ENTER NATURE OF IN  CITY OR  to	20b IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FIND I	NGS USED S OF DEATH NO
WEDICAL	gove rise ta immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. WORK AT WORK AT WORK AT WORK AT WORK 22d. I certify that At (this has saw the deceased alive above (II) (we) (did) (did 22d. SIGNATURE	DUE TO, (c) (c) (CONDITIONS CONDITIONS CONDI	OF INJURY A.M. MONTH  OF INJURY TREET FACTORY OFFICE  y ofter death.	DAY YEAR  19 E, FARM, ETC.)	211. HOW INJURY OCCUR 211 LOCATION STREET  19 9  Ind that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [	200. AUTOPSY? YES NO SERED (ENTER NATURE OF IN CITY OR: death occurred on the	20b IF YES, IN CERTIFY YES JURY IN ITEM 18 PA	WERE FIND I	NGS USED S OF DEATH NO

DHMH - 16 50M 1/81 (VRA 15, 4)

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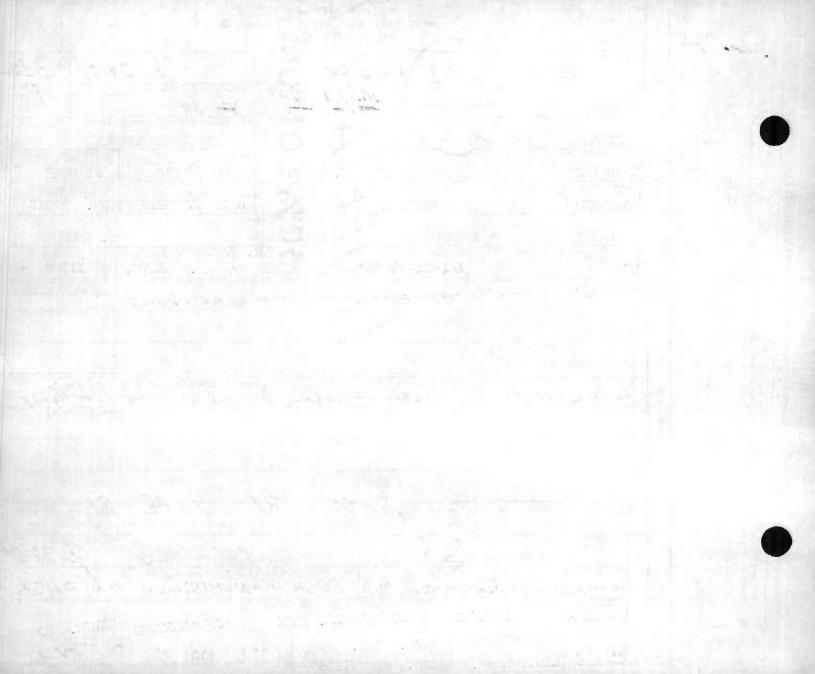
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Eugon	east	EVE	Leight	William	Louis
vsville, Mo.	sight, Cooks	L.A Hotes	216 05 BQ48	VWV I	284
inty, Wo.	Ealth. Co.	- yalley y	81 Dulane	(8/16/	Eurial
	AS 1881 24 8	1.0.1	Short is some	EU . W. Sampe	14505 Aloue

1	- 5	TATE	.ou-LLa I	ilm G560	DEPARIMENT	OF HEAL	H AND MENTAL		LL I	2 2	2 / /	6	
-		EGISTRAR	FIRST	7416	MIDDLE	WIIIVEK 3	LAST		KEG.		DAY YEAF	a would	
-		OR PRINT)						10	OF ESTI-			2b. HOUR	
2	SEX		Orothy 4. RACE	Is. DATE OF BIRTH	aye		OMMON	50044405	DEATH MATED	□ 9	22 19 8°		
3.		-		MONTH DAY	YEAR LAST	BIRTHDAY) MÓ	NTHS DAYS HOURS	ER 24 HRS. 26 MIN. PR	DATE RONOUNCED			20. 1100K	
-		male	white	10 2		9 YRS.			DEAD	9	22 198	1 3:25/	
1	FOR	THPLACE (ST		The CITIZEN OF W	HAT COUNTRY?	8. MAI	RIED X NEVER MA	RRIED L	BALTIMORE CIT	Y OR COUN	ITY OF DEATH		
	N.	larylar	nd	USA				RCED 🗆		Baltin	nore Co	inty MD	
10		Y OR TOWN	OF DEATH	(IF NOT IN SUCH F	ACILITY, GIVE STREET AD	ORESS)	THER INSTITUTION		LOCCUPATION ( DST OF WORKING LIFE)	TYPE OF WORK	OR INDU		
		owson	/		Balto.		1 Center	Tre	asurer		Const.	Equip	
	SUAI		IF IN HURSING HOME	OR OTHER INSTITUTION, G	13c. CITY OR TO		134. INSIDE CITY LIMITS	13e STREE	T ADDRESS	т	OWEON	Md	
		[d.	Bal		Towson	a	YES NO	X 841	t ADDRESS O Charl	es Va	lley Co	urt.	
14	FA'	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	MIDDLE		LAST		
L		Russe		Gr	av		Mary		в.		ctor		
16	e W		EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRI	SS Val	lley Co	urt	
	N			-	213-42	-7680	Mr. Jos	seph M	. Lemm				
		18 CAUSEO	F DEATH (Enter or	nly one cause per lin	e far (o), (b), and (	:).)					APPROXIM	ATE INTERVAL	
		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (o)	Fatty Ch	ange of	Liver					Denin Penin	
		5/1	8		R AS A CONSEQUE	NCE OF	1				3 94.5	-/	
			is, if ony, which										
		cause (a)	stating the under		R AS A CONSEQUE	NCE OF							
		lying cau	se iost.	(c)									
		PART 2 OTHER SIG	2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
	S				3								
	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY?			
	Ĕ			1400								YES V NO	
	E E		L CAUSE WAS	21b. TIME O		216	HOW INJURY OCCUP	RED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR P		A	
		UNDERLYING	OR NG CAUSE OF		M. MONTH DAY	YEAR							
	ž t	214 INTURY C	CCUPPED	21e PLACE	OF INJURY (ATHO		OCATION						
	E	WHILE AT WORK	NOT WHILE [	STREET, FAC	CTORY, FARM, ETC.)		STREET		CITY OR TOWN	C	YINDO	STATE	
							<b></b>						
				ge of the remains de			ppsy XX Inspec	1	Inquiry   ,	ond in my o	pinian		
		deoth resulte	ed from: Natu	of spage	Accident,	Suicide L	, Homicide	. Undeter	mined manner	١,			
		ACTUAL	A	TUSLI	an		Assista	nt		DATE	9/22	/81	
-		SIGNATURE_	~ //	-			M.D. 73313Cd	MEDIC	AL EXAMINER	SIGN	IED	/ 0 1	
		EXAMINER'S	NAME	Howmoz D	Guand M	D	111	Donn C	treet,Bal	to M	D 21201		
-		TYPE OR PRI		Hormez R						,11	0 21201		
2:	3e.BU	RIAL, CREMA	TION, REMOVAL				OR CREMATORY	23d. LOC	ATION	COL	YTMU	STATE	
L		remat		9/24/81	West	view	Cremator	y P	Baltimor	e. Ma	ryland		
		NERAL DIREC		ADDRES	5	10.7		E REC'D. BY R		GISTRAIN	SIGNATION -	MAN	
	Lе	mmon	-Mitche	II-Wiede	teld, Inc.	. 10 W	. Padonia	CKC 4	1301 4/2	0	_		



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FOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

,	1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.			
	DECEASED NAME FIRST ANN	MIDDLE <b>G</b>	LEWIS	SEPTEMBER 11	19819:15B <sub>M</sub>		
1	SEX   Female	RACE White	5. DATE OF BIRTH Feb. 10, 1900	6 AGE (IN YEARS LAST BIRTHDAY) 81	IF UNDER 1 YEAR IF UNDER 24 HRS.		
5	BIRTHPLACE (STATE OR FOREIGN     COUNTRY)     Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   XX	BALTIMORE CITY OR COUNTY OF DEATH			
1	O. CITY OR TOWN OF DEATH TOWSON	SAINTHUSEPH		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF Telephone Operat	12b. KIND OF BUSINESS OR INDUSTRY COT-Wyman Park		
5			N 13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS 204 E. Joppa	Road		
2	Joseph	P. Grogan	Rachel	MIDDLE C.	Rattray		
16	60 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECU 216-09-4		n C. Spigelmire,	225 Chantry Rd		
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO C	INCE OF	Infarctu			
4	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO		
	OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)		
1	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F)	ARM, ETC.)  211 LOCATION STREET  SEPT 10 81	CITY OR TOWN	COUNTY STATE		
	sow the deceosed oliverent obove, 3 (we) (did) (od 1 k) 22b. SIGNATURE	SFPT 11 1) view the body offer death9	DEGREE  ATTENDING PHYSICIAN [	death occurred on the date and hou	19, that (we) lost r and from the couses stated 22c DATE SIGNED		
1	A.H.GA	ILADIM.	D. 7600 C	SLER Dr.	Towson		
23	Burial, CREMATION, REMOVAL	000000000000000000000000000000000000000	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

FOR

Funeral Home,

New Cathedral Cemetery 1050 York Rd. 250 Towson, Md. 212

Baltimore, Maryland

COMPANY OF THE STATE OF THE STA The second secon

-4	1.	FOR STATE REGISTRAR		D		FICATE OF DEATH	GIENE O REG. N	Gra	4 1	
1	1. DE	CEASED NAME	FIRST	MIDDLE		LAST		MONTH DAY	YEAR	2b. HOUR
	TITPE	OR PRINT)	Arnold	W.	Lew	is	1000	09 22	81	2:00
15	3 SE			RACE		OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 H
(1)		Male		Caucasian	MONT 11	DAY YEAR 22 14	66	YRS.	NTHS DAYS	HOURS
	Jer Bi	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF WHAT CO	UNTRY?	D S NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
35		Baltimore M	1D	U.S.A.	WIDOW		Baltimo	re Coun	tv	
90		or town of DEA Baltimore	ALL S	HE NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	Catonsville	126 USUAL OCCUPAT LITTE OF WORK FOR MOST OF FURNACE OPE	ON OF WORKING LIFE) Prator	IZIL KIND C INDUSTRYL La Qu	hilade hartz
ing C	USU.			HER INSTITUTION, GIVE RESIDEN			134 STREET ADDRESS 548 Beed			
ex	_	ATHER'S NAME		Dai	CIMOLC	15 MOTHER'S MAIDEN NA		CHILLETO	AVC.	21227
900		William	MIDE	Lewi	AST LS	Rose	MIDDLE		Woo	dland
e med	Ida V	VAS DECEASED EVER I	N U.S. ARME	P OR DATES	AL SECURITY NO	17 INFORMANT	ADDR			
E 1		NO		212-	05-2184	Robert L. B	aumgardner 2	2/11 Ot		WATE INTERVA
or other traums		Conditions, if day, gave rise to imm couse (a), stating underlying cause	which lediote g the	(b) 1911.	NSEQUENCE OF	septal "	no ole	<u></u>		
ows any injury, or	IFICATION	Conditions, if dny, gove rise to imm couse (o), stating underlying cause	which lediote g the last	DUE TO, OR AS A CO	NSEQUENCE OF	Septal 12 3 74-1- I NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTÓPSY?	206. IF YES, V	VERE FIND II	NGS USED OF DEATH?
18 shows any injury, or	CERTIFICATION	Conditions, if dny, gove rise to imm couse (o), stoling underlying cause	which lediote g the last	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  IOI  ION  ION  ION  ION  ION  ION  IO	NSEQUENCE OF OR TO DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN	VERE FINDI	NGS USED
Item 18 shows any injury, or	AL CERTIFICATION	Conditions, if dny, gove rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDION OR CONTRIBUTING C	which lediote the lost lost.  IFICANT CON	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  DITIONS CONTRIBUTE  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON	NSEQUENCE OF NSEQU		200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN	VERE FINDI	NGS USED
Item 18 shows any injury, or		Conditions, if dny, gave rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDI	which lediote the lost.  IFICANT CON  ION  ERLYING AUSE OF DEATH LEXAMINER)	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  IO)  IO)  IO)  IO)  IO)  IO)  IO)  I	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION THE DAY YEAR 19	214 HOW INJURY OCCUI	200 AUTOPSY? YES NO	20h. IF YES, V IN CERTIFYIN YES [ RY IN ITEM 18, PART	VERE FIND II NG CAUSES TORPART 2)	NGS USED OF DEATH?
Item 18 shows any injury, or	MEDICAL CERTIFICATION	Conditions, if dry, gove rise to imm couse (o), stoling underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a, ACCIDENT WAS UNDIONE CONTRIBUTING CIFE EITHER, NOTIFY MEDICA  21d. INJURY OCCURR	which lediote the lost.  IFICANT CON  ION  ERLYING AUSE OF DEATH LEXAMINER)  ED	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  NDITIONS CONTRIBUTION  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON P.M.	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION THE DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? YES NO	20h. IF YES, V IN CERTIFYIN YES [ RY IN ITEM 18, PART	VERE FINDI	NGS USED OF DEATH
ygiene prior to burial, cr. 18 shows any injury, or		Conditions, if dny, gove rise to imm couse (o), stofing underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND! OR CONTRIBUTING CIPE ETHER, NOTHY MEDICA  21d. INJURY OCCURR WHILE NOTHY MEDICA  22d. 1 certify that (1)	which redicte the lost lost lost lost lost lost lost lost	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  IO)  IO)  IO)  IO)  IO)  IO)  IO)  I	NSEQUENCE OF  NG TO DEATH BUT  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	214 HOW INJURY OCCUI	200 AUTOPSY? YES NO CITY OR TON	20h. IF YES, V IN CERTIFYIP YES ( RY IN ITEM 18, PART	VERE FIND II NG CAUSES TORPART 2) COUNTY	NGS USED OF DEATH? NO  STATE
marked or Item 18 shows any injury, or		Conditions, if dny, gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN  18a DATE OF OPERAT  21a. ACCIDENT WAS UND! OR CONTRIBUTING C C IFFETHER, NOTIFY MEDICA  21d. INJURY OCCURR WHILE NOT WHAT WORK  22a I certify that (I) sow the decease obove, (I) (we) [1] (we)	which lediote the lost.  IFICANT CON  IFICANT CON  IN ERLYING AUSE OF DEATH  AUSE OF DEATH  ILE CAMINER)  ED  (this hospital)  d alive on	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  IO)  IO)  IO)  IO)  IO)  IO)  IO)  I	NSEQUENCE OF  NG TO DEATH BUT  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	21c HOW INJURY OCCUP  21f LOCATION STREET  19 nd that in (my) (our) opinion	200 AUTOPSY? YES NO CITY OR TON	20h. IF YES, V IN CERTIFYIP YES ( RY IN ITEM 18, PART	VERE FIND II NG CAUSES TORPART 2) COUNTY	NGS USED OF DEATH? NO  STATE that (I) (we couses state
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If Item 21 is marked or Item 18 shows any injury, or		Conditions, if dny, gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN  18a DATE OF OPERAT  21a. ACCIDENT WAS UND! OR CONTRIBUTING C C IFFETHER, NOTIFY MEDICA  21d. INJURY OCCURR WHILE NOT WHAT WORK  22a I certify that (I) sow the decease obove, (I) (we) [1] (we)	which lediote the lost lost lost lost lost lost lost lost	DUE TO, OR AS A CO (b)  DUE TO, OR AS A CO (c)  10)  19b CONDITION FOR  21b TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME OF INJURY 1AT HOME, STREET, FACTORS  ORGODE THE BODY OF THE BODY (c)  100 PLACE OF INJURY 1AT HOME OF INJURY 1AT HO	NSEQUENCE OF  NG TO DEATH BUT  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCUP  216 HOW INJURY OCCUP  216 LOCATION  STREET  19  nd that in (my) (our) opinion  DEGREE  ATTENDING	YES NO CITY OR TOWN  NEED (ENTER NATURE OF INJUITY OR TOWN  OF TOWN  OF TOWN  OF TOWN  OF TOWN  AND INCIDING TOWN  MEDICAL STA  DIRECTOR PHYSIC	20h IF YES, V IN CERTIFYIN YES [ RY IN ITEM 18, PART WN 19 Ote and haur o	VERE FIND II NG CAUSES TORPART 2) COUNTY	NGS USED OF DEATH? NO  STATE that (I) (we couses state
marked or Item 18 shows any injury, or	MEDICAL	Conditions, if dny, gove rise to imm couse (o), stofain underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDION CONTRIBUTING CIPETITHER, MOTHEY MEDICA  21d. INJURY OCCURR WHILE NOTH WAS UNDION CONTRIBUTING CIPETITHER, NOTHER AT WORK NO	which rediote the lost of the	DUE TO, OR AS A CO (b)  DUE TO, OR AS A CO (c)  19b CONDITION FOR  21b TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJURY AT HOME, STREET, FACTORY OR GODD  OR GOD	NSEQUENCE OF  NSEQUENCE OF  NG TO DEATH BUT  WHICH OPERATION  ITH DAY YEAR  19  OFFICE, FARM, ETC.)  19  10  10  10  10  10  10  10  10  10	216 HOW INJURY OCCUP  216 LOCATION STREET  7 - 19  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  224 ADDRESS 3350  Balti	YES NO CITY OR TOWN  NEED (ENTER NATURE OF INJUITY OR TOWN  OF TOWN  OF TOWN  OF TOWN  OF TOWN  AND INCIDING TOWN  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YES, VIN CERTIFY IN CERTIFY IN YES ON THE MENT TO THE ME	VERE FIND II NG CAUSES TORPART 2) COUNTY	NGS USED OF DEATH? NO  STATE that (I) (we couses state
If item 21 is marked or Item 18 shows any injury, or	MEDICAL	Conditions, if dny, gave rise to imm couse (o), stofang underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDIO OR CONTRIBUTING CIPETITHER, NOTIFY MEDICA  21d. IN JURY OCCURR WHILE NOTIFY MEDICA  22a. I certify that (I) on the decease obove, (I) (we) (d)  22b. SIGNATURE	which rediote the lost of the	DUE TO, OR AS A CO (b)  DUE TO, OR AS A CO (c)  19b CONDITION FOR  21b TIME OF INJURY HOUR A.M. MON P.M. 21a PLACE OF INJURY AT HOME, STREET, FACTORY OR GODD  OR GOD	NSEQUENCE OF  NSEQUENCE OF  NG TO DEATH BUT  WHICH OPERATIC  ITH DAY YEAR  19  OFFICE, FARM, ETC.)  3 from	216 HOW INJURY OCCUP  217 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  ATTENDING  ATTENDING  218 HOW INJURY OCCUP  218 HOW INJURY OCCUP  ATTENDING  ATTENDING	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  death occurred on the d  MEDICAL STA  DIRECTOR PHYSIC  WILKENS AVE	20h IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN RY IN ITEM 18, PART WIN TEM 18 PART OF THE CIAN IN CERTIFY I	COUNTY  1 OR PART 2)  COUNTY  22c. DATE	NGS USED OF DEATH? NO  STATE that (I) (we couses state

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STATE OF MARYLAND

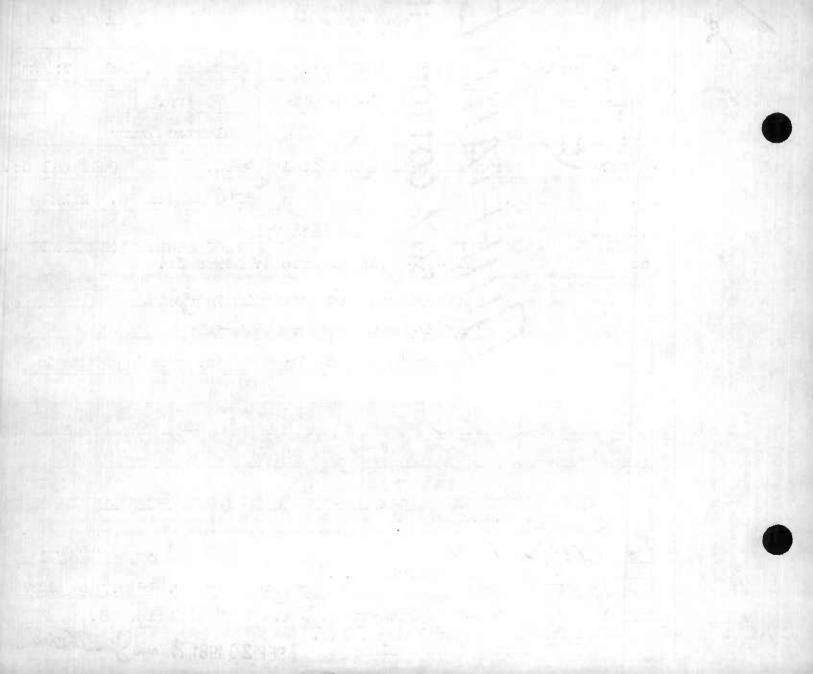
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

REGISTRAR		4411111111	it of beating	REG. NO.		
DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONT	H DAY YEAR	2b HOUR
Maurice	Edward	LEWI	S Sr.	September 28	3, 1981	7:40am
					MINNESS CARS	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN 7	LOUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
10. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL NURSING	G HOME OR O	THER INSTITUTION	120 USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1			011 00
Md. Bal	to.	YE	s 🗌 но 🔼		a Rd. 2	1220
John Lewis *			Anna Ty	ler	LAS	ST.
					ca Road	21220
PART I DEATH WAS CAUSED	CAUSE (0) Heart Fail  DUE TO, OR AS A CONSEQUE  (b) Staphyloce  Due TO, OR AS A CONSEQUE	lure, A	epsis <b>a</b> nd Me	eningitis	on	
PART 2. OTHER SIGNIFICANT CO						
190. DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION W	AS PERFORMED			
		Y YEAR	HOW INJURY OCCURR	ED (ENTERNATURE OF INJURY IN ITE	EM 18 PART ( OR PART 2)	
21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	211	LOCATION	CITY OR TOWN	COUNTY	STATE
22a.1 certify that X\() (this haspite saw the deceased alive on above X\() (we) (did) (did X\()	September 28 19	Septemb 31 , and th	ot in (本) (our) opinion o	, to September leath occurred on the date on	28 19 81 , d hour and from the	that X (we) last
226 SIGNATUR	ied MB	DEG	ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE	28/81
I GOTTA	RIED	9	.D. Press 2000 Franklii			
230 BURIAL, CREMATION, REMOVAL BURIAL	10-1-81 St	unnyri	dge Cem.	23d LOCATION Crisfie	ld, Md.	STATE
24 FUNERAL DIRECTOR Schime 3331	inek Funeral I	Home, 21213	Inc. 25a DATE		\ V. 7	Kithen
	DECEASED NAME (IYPE OF PRINT)  MAURICE  3. SEX  Male  7a BIRTHPLACE (STATE OR FOREKON  MO.  10. CITY OR TOWN OF DEATH  Balto.  USUAL RESIDENCE (IF NURSING HOME OR CITY  Md.  13b STATE  Md.  14 FATHER'S NAME  John Lewis  16a WAS DECEASED EVER IN U.S. ARM (YES, NOOR UNKNOWN)  PART I, DEATH WAS CAUSED  IMMEDIATE  Conditions, if any, which gove rise to immediate couse IO, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO  19a. DATE OF OPERATION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MORE)  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK  22a. I certify that X (this hospite saw the deceased dive on obove. X (we) (did (did X  22b SIGNATURE  23a BURIAL, CREMATION, REMOVAL  BURIAL CREMATION, REMOVAL  BURIAL CREMATION, REMOVAL  BURIAL CREMATION, REMOVAL  BURIAL CREMATION, REMOVAL	DECEASED NAME (TYPE OF PRINT)  Maurice  Table Maile  Table Maile	DECEASED NAME (TYPE OR PRINT)  Maurice Edward LEWIS  3 SEX  Male  Male  Mhite  Marrice  Male  Mhite  Marrice  Male  Mhite  Marrice  Marric	DECEASED NAME	DECEASED NAME	December 128   The Date of Death   Maurice   Edward   Lewis Sr.   September 28   Date of Brith   Maurice   Edward   Lewis Sr.   September 28   Date of Brith   To yrs.   Ves.   To yrs.   Ves.

DHMH - 16 50M 1/B1 (VRA 15, 4)

morked or Item 18 shows ony

MPORTANT: If Hem 21 is



1,	FOR - STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	GIENE 8 1	6	22,	8 2
	ECEASED NAME	FIRST		MIGDLE		AST	REG. 20. DATE OF DEATH		DAY YEAR	26 HOUR 1-25 A
	Female		RACE Whi	te	S. DATE O	DF BIRTH 4, 12896 YEAR	6 AGE (IN YEARS LAST	BIRTHOAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
6	Penna.		U	SA	MARRIE			imore		MI
Re	andallstown		Balt	O. CO.	Gen. Ho	or other institution	(TYPE OF WORK FOR MOS Retire			OF BUSINESS OR
5 130	STATE Md.	136 COUNTY Balt	O .	Reist	TOWN erstown	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES 603 B	s everly	Road	
[4. F)	David	ME	H.		erson	IS. MOTHER'S MAIDEN NA	MIDDLE	ewell	LA	.ST
	WAS DECEASED EVER (YES, NO OF UNKNOWN)	U.S. ARME			4-3681	Mrs. Fay L.		Pike	sville,	Md.
z	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse  PART 2 OTHER SIGN	ediate g the lost.	( (c)_	CATIFIC RAS A CONSI		NOT RELATED TO THE TERM	IINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	101
CERTIFICATION	190. DATE OF OPERAT					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
	21g. ACCIDENT WAS UND  OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	1	YES 🗌	NO []
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RED 216 PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN							COUNTY	STATE
	220.1 certify that (1) sow the decease obove, (1) (we) (d 22b. SIGNATURE	d olive on	iew the body	ofter death.	19 <u>\$1.</u> , or	nd that in (my) (our) opinion of			our and from the	that (I) (we) lost couses stated E SIGNED
	22d. PHYSICIAN'S NA	ME (TYPE OR PE		SHA		ATTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS	Gren	19- N H35	24-8 pital.
	BURIAL, CREMATION, I	REMOVAL	Sept.2			emetery or crematory nd Memorial	23d. LOCATION	imore	Manty	STATE

Eline Funeral Home Reisters town, Md. 21136

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

12 Kidd Tur. 1, 2006 1 Kan .07 320 365 0 named is to the desired to the desir Mi. Ealto. Emisteration (C.2 aventy Loss Lievel and Arthering Court of the Court of t 220-17-1681 Drs. For E. Springel Fileersille, G. A STATE OF STATE OF STATE Soph Stiges | Sectional bundary | Saltimore, and The marged one Point order, H. 20026

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		FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	2 2 /	8 4
m.£	1. DE	CEASED NAME FIRST EOR PRINT)	WIDDLE		AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
9000		JOHN	LUNG	Sr.		9/7		12:23a
1.5	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAT	
Wat I		Male	White		mber 20,1912	68	YRS.	
V16	M	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI USA	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Baltimore	County of DEATH	ME
led the	ľ	TOWSON	11. NAME OF HOSPITAL, NUF (# NOT IN SUCH FACILITY, GIVE ST Greater Baltin	nore Me		(TYPE OF WORK FOR MOSTO ROTIFED M	ON 126. KINE F WORKING LIFE) INDUSTR IO. NEWS CO.	O OF BUSINESS OR
filled in nould be	USU.	AL RESIDENCE (IF NURSING HOME OF	IIY 1 13c. CITY OR T		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 165 Sh	etland Circ	ele
ond 2 sh	14, F/	ATHER'S NAME Richard	Long LAST		15. MOTHER'S MAIDEN NAM  Jennie	ME	lingsworth	
Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SI 217-10-		Mrs. Dorothy	H. Long	ss Reisterstow	m, Md.
pers ol. ', the		IB CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b)			APPR	OXIMATE INTERVAL	
en signed by the ottending Then please remove corb or to burial, cremation, or r rinjury, or other traumatic	NOIL	Peritonitis	DUE TO, OR AS A CONSEINANT CONDITIONS CONTRIBUTING  due to rupture	ouence of	nic diverticul	INAL DISEASE OR CONF	DITION GIVEN IN PART	
e hos be sit permit giene prii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		200 AUTOPSY? YES ☑ NO□	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	ES OF DEATH?
certificot priol-troni entol Hyg Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IY IN ITEM 18, PART I OR PART 7	)
fter this os the but th ond M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		21f. LOCATION STREET	CITY OR TO	0.5	STATE
d for use.				81	nd that in (my) (our) opinion o	to 9/7 death occurred on the do		
RAL DIRE detocher fote Dept		Kydiju	Breitenesh	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	7/7/81
Should be de with the Stot			tenecker, M.D.		22e ADDRESS 6701 N. Char	les St., Ba	alto, MD 2	1204
P		BUTIAL CREMATION, REMOVAL	23b. DATE Sept.10,81		EMETERY OR CREMATORY Ridge Cemetery	Pikesvi	lle, Md.	STATE
-16 30M 2/80 RA 15, 4)		JNERAL DIRECTOR Cline Funeral H	ome Reisterst	wn, Md		P 9 1981		ATURE 2

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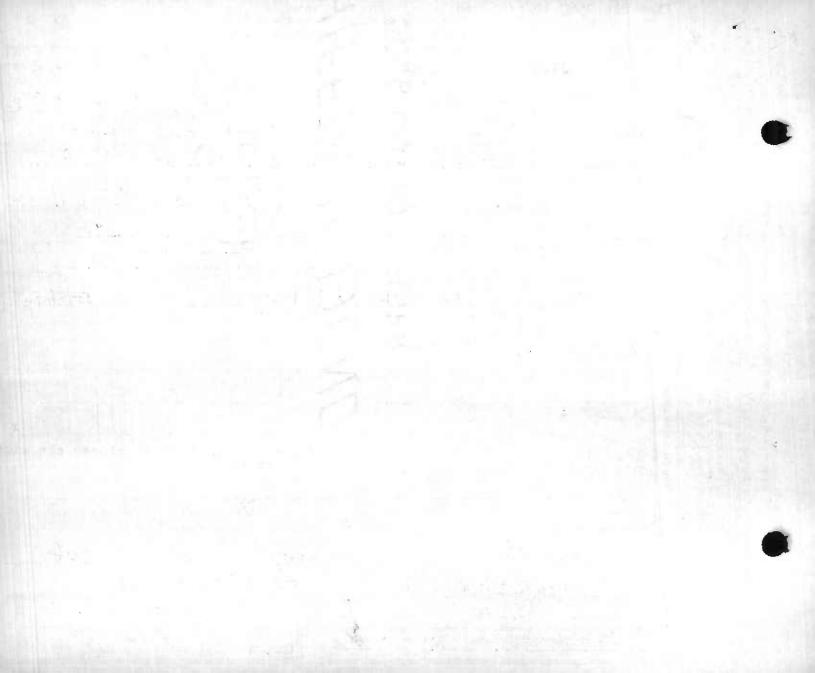
Immis] Sont.10,81 Denis Hidge Constant Pinnisle, W.

Mich Paneral low Sairtaretous, H. 23356

		1	FOR		E OF MARYLAND	0	221	8 5
	3	1	STATE REGISTRAR		ICATE OF DEATH	REG. NO.	line line of	0 3
			CEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
2 8	1		R <b>e</b> ta	K. LOUIS	AND VERSE TO	September 6	5, 1981	5:00a M
ode 4 mo	101	3.58	te make	White Soll	1 29 1904	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	MR	9	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	DIVORCED	Baltimore City OR		MD.
or other	15	11	WVILLE	11. NAME OF HOSPITAL, NURSING HOME C	Sq. Hesp.	120 USUAL OCCUPATION (TYPHOF WORK FOR MOST OF W		of Business OR
on 24 hours	S and the	1	AL RESIDENCE (IF MURSING MOME OR STATE) 136 ROUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	YES NO TO	13. STREET ADDRESS W_	TIMONIUM	n Rd
hed with ompleted	13	1	Mober 1	K'Lein		exce MIDDLE	Klein	ist 1
be exect	/ Page		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIAL SECURITY NO. 212-69-549	Robe	ert MLei	- 0	Ame
elec electric	9 2 5		18 CAUSE OF DEATH Enter and PART I. DEATH WAS CAUSED	ly one cause per line far (D), (b), and (C)			APPROX BETWEEN	XIMATE INTERVAL ONSET AND DEATH
d ph			IMMEDIAT	E CAUSE (a) Arterioscleroti	c Cardiovascu	lar Disease		
1	0.0		4292	DUE TO, OR AS A CONSEQUENCE OF				
8 6	office of the state of the stat		Canditions, if ony, which gove rise to immediate	( Congestive Hear	t Failure			
that the	Poste residence as adher		cause (a), stating the underlying cause last.	due to, or as a consequence of Bilateral Pneum				
Harren angre	111	z	PART 2 OTHER SIGNIFICANT C			ANAL DISEASE OR CONDIT	ON GIVEN IN PART 1	a
1	-11-	- E	19a. DATE OF OPERATION	Bilateral Pulmo		20g AUTOPSY?	20b. IF YES, WERE FIND!	INCS USED
The lon on host	1 d a d a d a d a d a d a d a d a d a d	CERTIFICATION				YES NO	N CERTIFYING CAUSES YES 🔀	
g physical	med Hy him 18:	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PART 2)	
ottendii Her His	to the by transfer rised or	MEDICAL	21d. INJURY OCCURRED  NOT WHILE  AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDS squital or CTOR, A	for site of Healt a 21 is me		saw the deceased alive on abave, N (we) (did) (did)	Sept. 6 1981 are the bady after death.	nd that in (1) (aur) opinian	, to Sept. 6 death accurred an the date		, that 🗶 (we) last e causes stated
TALOR ny the ho RALDIRE	detocher tote Dept		22h SIGNAL OFFICE C.	Busse, mD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1 0/1	SIGNED
Planed B	APORTA!		22d PHYSICIA'S NAME (TYPE OF	- 0	9000 Frank	lin Square Dr	r., 21237	
BP_			BURIAL SPINION, REMOVAL	236 DATE /9/81 236 NAMPOF C	K WOOD	23d. LOCATION DALI	For COUNTY 1	Nd STATE
HMH - 16 (VRA	50M 1/B1 15, 4)	24 F	UNERAL DIRECTOR NAME VANS FUNERA	of Chapel 8800 Ha	Hard Rd SEP	171981 7	REGISTRAR'S SIGNAL	Kithen

Maria XLen Comment of the Comment of E. C. E. Carrier and St. Commission of the Commi MAN THE STATE OF T

U N		em 21c G	560 10/		DEPARTMENT O	FHEALT		-	1 2	2 /	8	6
28885		REGISTRAR CEASED NAME NEOR HINTI	JACK	ME	DICAL EXAMI	NEK 3	LAST	20. DA	REG. NO. TE KNOWN F ESTI- TH MATED	MONTH DAY		28. HOUR
PAY, PLE DIRECTION TO HOUSE ON STRE	3. 56: N		HITE	JUNE 10	,1935 AGE (IN	YEARS IF UI	NDER TYR. IF UND	MIN PRON	ATE DUNCED AD 7	MONTH DAY	198/	300 M
WITHIN WHITE		MARY L'AND		LSA		WIDOV		RRIED . 9. BAL	COORTY	COUNTY OF	DEATH	MD.
PAGE STEED	P	BALTIMORE	ATH 1	I. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	VILLAGE C	IR. FOR MSA	CUPATION (TYPE O	FWORK 126 KI	ETATER	INESS
AND 31 RETAIN DE	13a, S	AL RESIDENCE (15 IN N TATE (RYLAND)	13b. COUNTY	LTO.	136, CITY OR TOWN BALTIMO			X 7900 DI	DKESS	T. 104 LLAGE (	CIR. 2	21207
ME. MO.	1	DANIEL			YNCH		15. MOTHER'S MAI FIRST EDNA			HORWIT		
BALTIMO I GIVE PAC WITH FORM I PACES I DIVISION	16a \	WAS DECEASED EVE ES, NO, OR UNKNOWN} NO	R IN U.S. ARME	D FORCES? R OR DATES)	16b SOCIAL SECUR	ITY NO.	7900 DUN	MRS. EI HILL VILI	NA PRIVEH LAGE CIR.			21207
ORDS, 201 W. PRESTOR FEXECUTED WITHIN 24 DING: IN PENCIL IN ITE DICAL EXAMINER AICH A BURNAL-TRANSIT FE HAND MANIL HYGIE EMATION, OR REMOVA	z	Canditions, if gove rise to cause (a) statinglying couse los	immediate ng the <u>under-</u> t.	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TE	E OF	SE OR CONDITION GIVEN IN					
SHOULD BY ORD "PENI CHIEF MEI SE USED AS IT OF HEAL. SURBAL, CR	CERTIFICATION	19a. DATE OF OPER	RATION	196. CONDI	TION FOR WHICH OP	ERATION V	VAS PERFORMED?			-	AUTOPSY?	NO M
S CERTIFICATE 5 RITING THE WO RDED TO THE G S 3 SHOULD BE E DEPARTMENT OI PRIGR TO BU	MEDICAL CER	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M	. MONTH DAY YE	AR Vi	ctim put				d car	wit
MRITIN WRITIN WARDED AGE 35 ATE DEP	MED	21d. INJURY OCCU WHILE ON AT WORK AT	T WHILE WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LC	OCATION STREET		RTOWN	COUNTY		STATE
MEDICAL EXAMINES: CUTE THE CERTIFICATE, E. 4. SHOUID BE FORM UNERAL DIRECTOR; P. R. DEATH, WITH THE SIX TIMORE, MARYLAND.;		death resulted fro	m: Natural		Accident ,	Autop Suicide	Homicide TITLE (SPECIFY)	Undetermined  MEDICAL EX	AMINER	DATE SIGNED	12/8/	
TO ME EXECU PAGE ATTER BATTER	23a. B	EXAMINER'S NAMI (TYPE OR PRINT) URIAL, CREMATION, SPECIFY) BURIA		DATE 9/14/81	OC-C, MANE OF C	EMETERY C	ADDRESS 703		RY 7/20 TERSTOWN	BALTO	. MDa	TE
BP DHMH - 17 (VR.A15 ME (5).)	24 F				BROS., INC		25a. DAT	E REC'D. BY REGIS		RAR'S SIGNAT	TURE	



Item #11 per phone call w/Fun.

30 40 / 02 / 03 Half teore County interview 176 toward delications relations and the second THOUGH C. Logsdon Arman 212-18-1897 Wiss Names . Logsdon Telefaterstoin marini (syngyar banda hides delegation Halto, 18. 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2ª DATE OF DEATH MONTH 26. HOUR 4:30 Majer Jr. Sept.22, 1981 . AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS YRS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore 12m USUAL OCCUPATION 12h KIND OF BUSINESS OR Retired Account INDUSTRY 109 W. Chesnut Hill Lane ModSanti LAST ADDRESS Reisterstown, Md. Mrs. Marjorie W. Maier APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mmediti 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE \_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED STAFF PHYSICIAN TO DIRECTOR PHYSICIAN TOLNS HOPKINS 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE Baltimore, Md. STATE Sept.25,81 Security Process 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

DHMH-16 25M

(VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

Cremation

23e BURIAL, CREMATION, REMOVAL

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

Charles

DECEASED NAME

Eline Funeral Home Reisterstown, Md. 21136

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Leonard J. Ruck, Inc. 5305 Harford rd. Balt. Md.

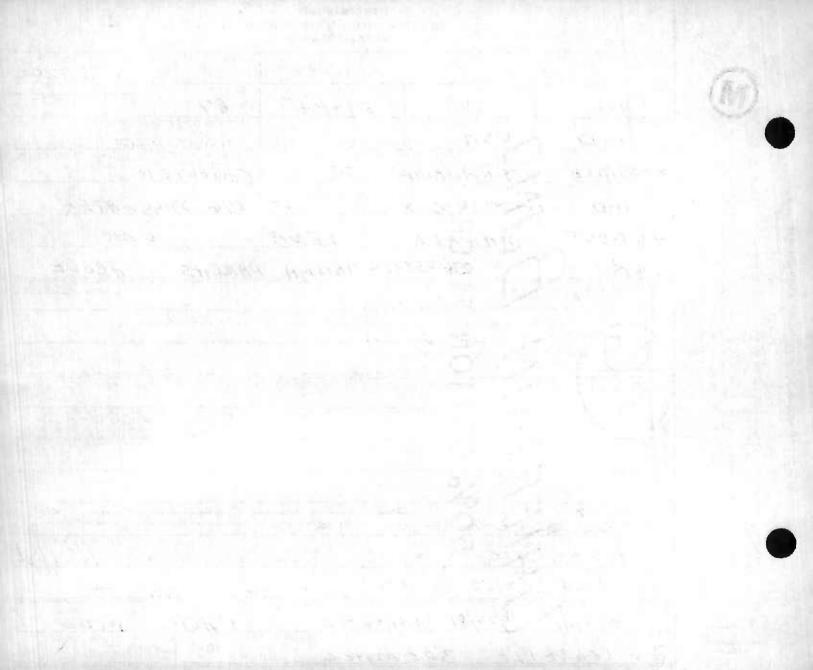
FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE Ö 1 2 2	2/91
	1. DE	CEASED NAME FIRST DOYD J. ME	arcin	LAST	20. DATE OF DEATH MONTH DAY 9/23/81	3:30 A
	3. SE		Caucasian	5. DATE OF BIRTH 9/124/21 DAY YEAR	U. MOL   Introduction builting	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
86	W	RTHPLACE (STATE OR FOREIGN COUNTRY)  isconsin	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF County (Balti	
00	Ba	Ito. County		Ywood Place	Factory Worker	126. KIND OF BUSINESS OR INDUSTRIES OR Bros
35	130.	Maryland Ba.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  134. CITY OR TOWN  Ltimore	YES NO TO	13-2 SIREELADDRESS Leatherwo	ood Place
30	14. FA	John M. Marc	ZIN LAST	Jos mother's Maiden NAM		sstjeck
1	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECUR E WAR OR DATES) 213-12-		ADDRESS Jarcin Same as	3 13e
0	CATION		Use to couse per line for (a), (b), and by:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D  The CONDITION FOR WHICH	NCE OF	200 AUTOPSY? 20b. IF/ES, V	VERE FINDINGS USED
9	MEDICAL CERTIFICATION		THE PLACE OF INJURY AT HOME SITES, INCIDEN, OHICE, TA tol) ottended the deceased from 19 view the body after death.	THE LOCATION  AND STC.)  THE LOCATION  STREET  TO STREET  TO STREET  TO STREET  ATTENDING	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PART CITY OR TOWN 19 deoth occurred on the date and hour of DIRECTOR PHYSICIAN 19	COUNTY STATE  SL, that (1) (we) lost and from the couses stated  22c. DATE SIGNED  9 ~ 23 - 8/
		ourial, CREMATION, REMOVAL SPECIFB Cremation	n 9/24/81 Gr	AME OF CEMETERY OR CREMATORY CENMOUNT	Baltimore, M	QUNTY STATE
	24 FI	ineral director Schin 33 <sup>TM®</sup> Brehms La	munek Funeral aBalto., Md.	Home, Inc. 250 DATI SFP	EREC'D. BY REGISTRARIUS. REGISTRA	A SIGN WEST THE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

ERBERT E. NUTTER FINERALHOME 3035 W. NORTH

(VRA 15, 4)

STATE OF MARYLAND

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injury, or other troumotic

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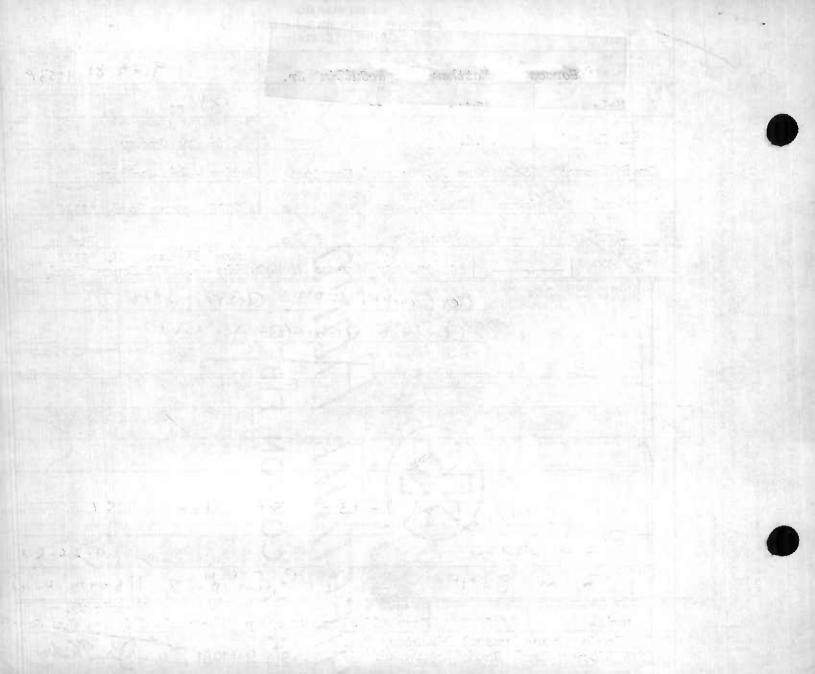
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.			
	CEASED NAME FIRST	MID	DLE	l.	AST		20. DATE OF		DAY	YEAR	26 HOUR
(TYPI	Horac	e Mat	thew	. McC	ullin	· Sr.	100	9	26	- 81	1-53 PM
3 SE	x Male	4 RACE Whi	te	5. DATE C MONTH		YEAR 99	6 AGE (IN YE	ears Last Birthday)	MON RS	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Rhode Island	76 CITIZEN OF WE		8 MARRIEI WIDOWE	□ NEVER		-	more Co	IO YTM	DEATH	MD.
5 F	Randallstown		SPITAL, NURSING ACILITY, GIVE STREET A E CO. GE	DDRESS)			120 USUAL C	CCUPATION  FOR MOST OF WORK  A-Ship	ING LIFE)	INDUSTRY	F BUSINESS OR
5 130 S		VTY 13	residence before lc. CITY OR TOWN Randalls	٧	13d INSIDE O	NO 🔐	13e. STREET A	ADDRESS Sonara	Roa	d. 21	133
0	ather's Name Charles	WIDDLE	McCulli	in.		s maiden na hebe	ME	WIDDLE		Tno	aham
160 V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES!	b social secur 152-07-2		17 INFORMA Horace		Rand Cullin	latistow Jr.,371	n, Ma 3 Soc	d. 21	133
NOI	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	(c)	S A CONSEQUE	NCE OF				ORCONDITION		IN PART 110	D.
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH (	OPERATION	N WAS PERFO	PRMED	200 AUTO				OF DEATH?
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	SIN	MONTH DA	Y YEAR	21c. HOW IN	IJURY OCCURI	RED (ENTERNAT	URE OF INJURY IN ITE	M 18 PART	1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF (AT HOME, STREET	INJURY FACTORY OFFICE, FA	RM, ETC )	21f LOCATION STREET			CITY OR TOWN		COUNTY	STATE
	220. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	1) view the body aft	19		d that in (my)	(our) opinion	death occurred	d on the date and	hour or		
-	22d PHYSICIAN'S NAME (TYPE C	R PRINT)	.0.1			TTENDING PHYSICIAN [	MEDICAL DIRECTOR [	STAFF PHYSICIAN		9	LG-81
22 6	R. W		AH.	1115 05 -	81-	1 (0	ist B	5	li	best	y Rou.
	BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	9/29/83			gelawn			DRIOWN	- (	aic C	o. New Jers

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTING Byers Funeral Directors P.A. 8728 Liberty Road, Randallstown, Md. 21133



Calmenter, Ad. 21235

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12b. KIND OF BUSINESS OR

Manning

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

YES

COUNTY

22c. DATE SIGNED

Balto. Md

11:35A

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial CITY OR TOWN 9/14/81 Most Holy Redeemer Baltimore, Maryland 5305 Harford Roads DATE REC'D. BY REGISTRAR 256, REGISTR. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Leonard J. Ruck Funeral Home, Inc. Balto; Md. 21214 10 (VRA 15, 4)

ACT ACCOUNT HAD ALL STREET, AND ALL SHEET STREET FOR ALL STREET

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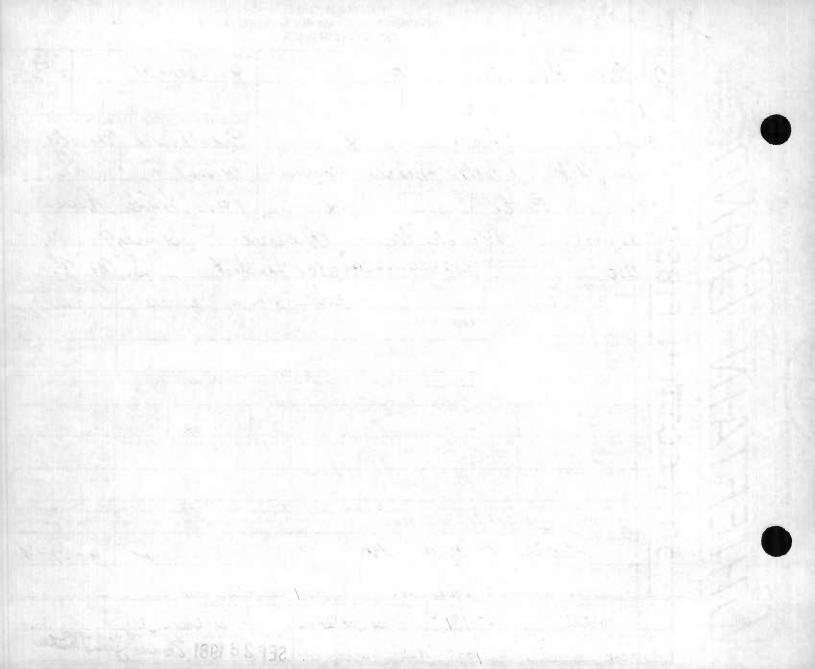
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY (TYPE OR PRINT) OF ESTI-1981 DEATH MATED Francis Marion Millen 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED Male White DEAD 1920 60 76. CITIZEN OF WHAT COUNTRY? 10. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED FOREIGN COUNTRY! MD U.S.A. WIDOWED DIVORCED Baltimore County IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3633 Hilmar Road Baltimore RETAIN P. Plumbing Foreman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3633 Hilmar Road YES [ NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WITH FORM PM.
T. PAGES 1 AND 2
DIVISION OF WIA MIDDLE MIDDLE Clarence Miller Blanche Dix 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. Mrs. JoAnne Miller (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW T7 212-16-6834 3633 Hilmar Rd., Baltimore, MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Intertion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-TRANSIT ALTH AND MENTAL HYC MATION, OR REMOVAL Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED OF HEA 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ORWARDED TO THE CHERRING PROPERTY OF STATE DEPARTMENT OF 21201 PRIOR, TO BURIAL YES | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ARYLAND, 2 Inspection and in my apinian death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ā EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, A BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Stanley Z. 'elsenbera Chase Street Baltimore. MD (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 9/10/81 Lake View Memorial Park Carroll Burial Sykesville MD BP ALDIRECTOR Loring Byers Euneral Directors
Liberty Road Randallstown, Maryland 21133 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAN SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

MARYLAND 21201

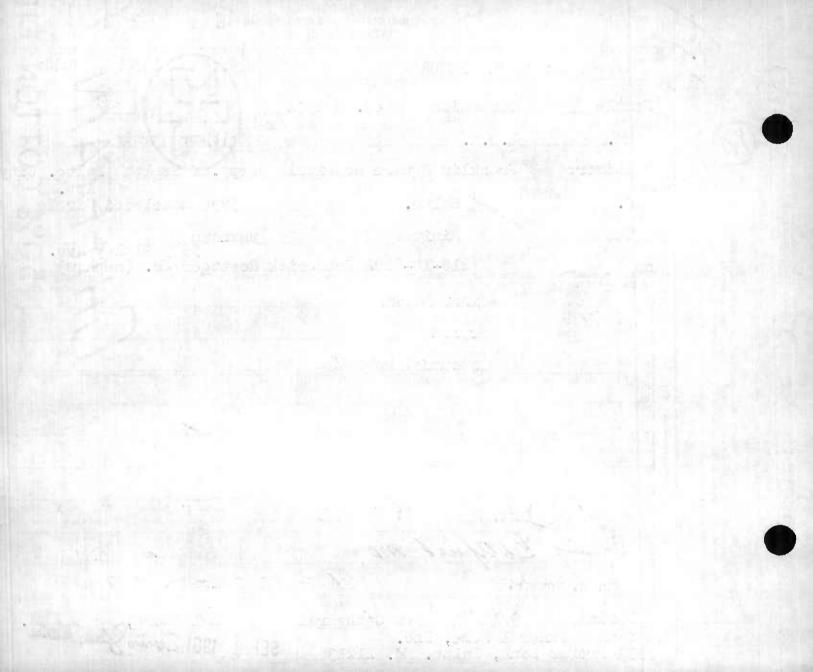
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DIVISION OF VITAL RECORDS,



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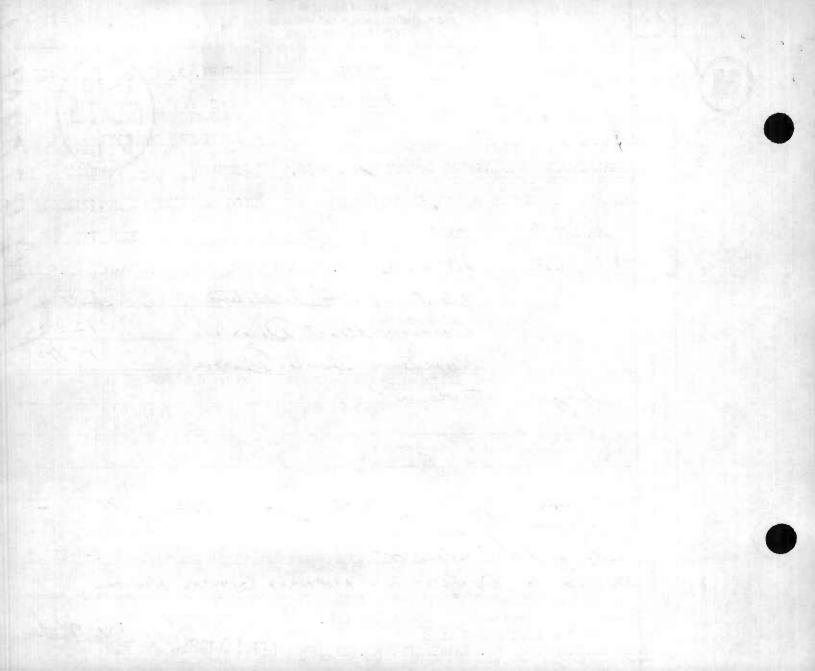
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REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH 2h HOUR A MOGUI. SEPT. 3, 1981 6 AGE (IN YEARS LAST DIRTHDAY) IF UNDER LYEAR BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JEWELRY 3806 CHERRYBROOK RD. (21133) LIEBOWITZ MRS. ELAINE MOGUL 3806 CHERRYBROOK RD. (21133 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 9 - 4 - 81GENERAL HOSPITAL 9-4-81 ARLINGTON CEM. BALTIMORE, MD SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)



ADDRESS

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

(VRA 15, 4)

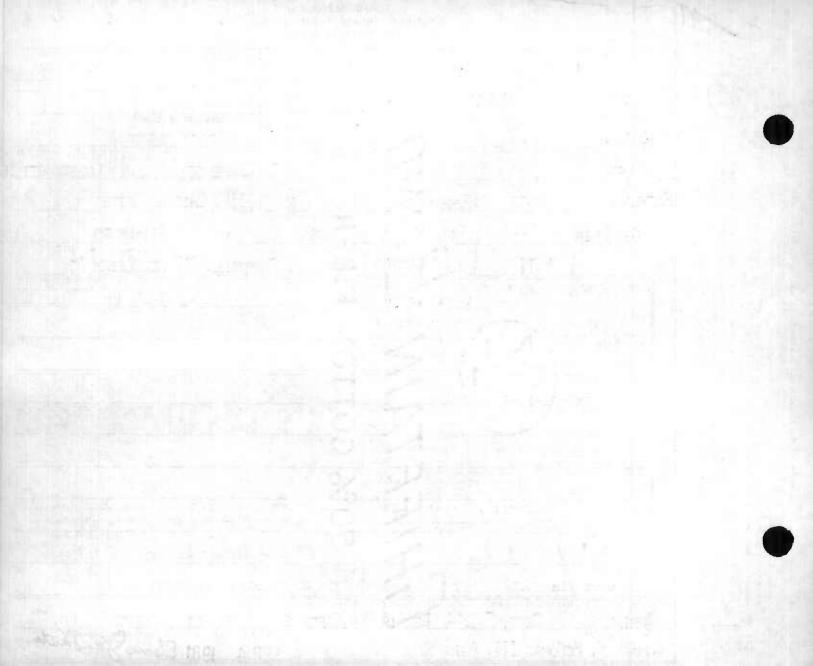
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IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, or ather traumatic event, the

should be detached far use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

TO FUNERAL DIRECTOR: After this certificate has been

the ottending physician and completely filled in by tremove carbanpapers. Pages 1 and 2 should be filed

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE 8	REG. NO	2	2 3	1	
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DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

274 PHYSICIAN'S NAME (THE GRABINI)

23b. DATE 9/17./81 24 FUNERAL DIRECTOR Lemmon-Mitchell - Wiedefeld 10 W. Padonia Rd.

Kamal M. Jain, M.D.

New Cathedral Cemetery Baltimore City Marylan

22e ADDRESS

TOWSON, MD. 21204

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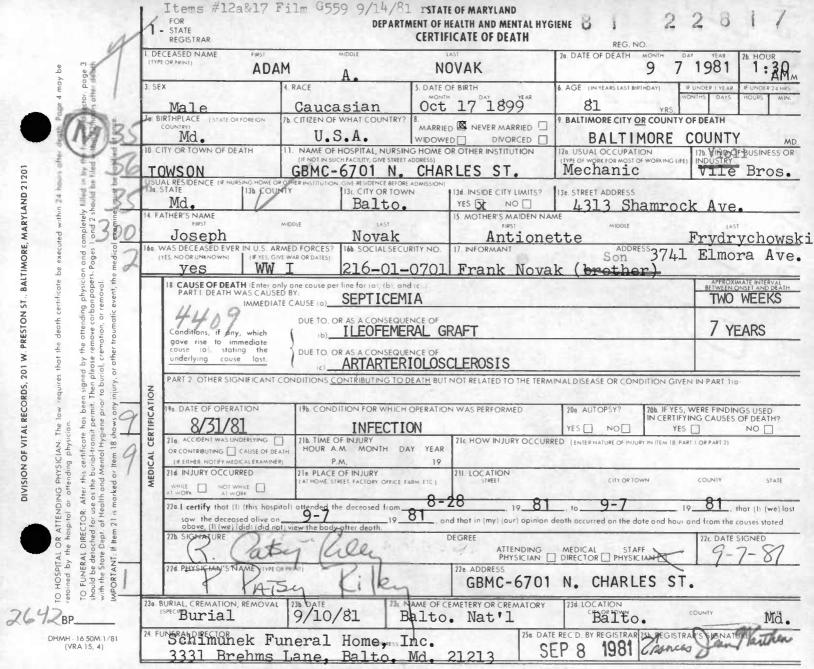
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STON STREET.		MW	MONTH DAY	-/25 56		HOURS MIN.	PRONOUNCED DEAD	9	17,81	0440
215 19	7a. BI	RTHPLACE (STATE OR	76. CITIZEN OF W		8 MARRIED INE		9. BALTIMORE CITY	OR COUNT	17	- 444
E V	- FO	REIGN COUNTRY)	1125	A	WIDOWED A	DIVORCED	ROUT	5 6	CONT	
割计	10. CI	TY OR TOWN OF DEATH	NAME OF HO	SPITAL, NURSING HOA		TION 120. US	UAL OCCUPATION (TO	PE OF WORK	12b. KIND OF BU	SINESS
21	r	UNDALK	(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRESS	200	FOR	MOST OF WORKING LIFE)	>	OR INDUSTR	Y.
			OTHER INSTITUTION G	IVE RESIDENCE BEFORE ADMIS	ED AVE	CIL	ANE OF			
21	13a. S	TATE DI COUL	TY	13c. CITY OR TOWN	13d INSIDE CI	ITY LIMITS? 13e STE				
2		MD B	ALTO	DUNDAU				DRE	DA	VE
270	14. F.A	THER'S NAME FIRST	MIDDLE	LAST		R'S MAIDEN NAM	MIDDLE		LAST	
130	(	-HARLES	NIC	HOLS	MA		ET EI	3m11	NE	
1	()(	AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI			ADDRES	S		
1	1	ES WY	VII	219141	191 KAT	HLEEN	NICHOL	5	ABOV.	E
31.6		18. CAUSE OF DEATH (Enter or	ly ane cause per lin	far (a) (b), and (c).)	1.0.	N 1 =			APPROXIMATE BETWEEN ONSET	INTERVAL
į		PARTIDEATH WAS CAUSE	TE CAUSE (a)	cute myo	candral i	marctio	M		BETWEEN ONSET	ANDDEATH
S S	- 83	4100		AS A CONSEQUENCE	OF					
OF HEALTH AND MENTAL HYGIENE, DIRAL, CREMATION, OR REMOVAL.		Canditians, if any, which								
OR F		gave rise to immediate cause (a) stating the under		AS A CONSEQUENCE	OF					
ž	- 1	lying cause last.	502.0,0	AS A CONSEQUENCE	OI .					
ATIO		PART 2 OTHER SIGNIFICANT CONDITIONS	(C)	BUT NOT BELLIED TO THE TER	MINAL DISTASS OF SOURIS	u elufu m a sa .				
	Z			DOC TLA	MINAL DISEASE OK CONDITION	N GIFEN IN PART 1 10		10	mos.	
_	CERTIFICATION	199, DATE OF OPERATION		TION FOR WHICH OPE	PATION WAS DEDEOD	AAED?		10		
2	FICA	DATE OF OFERATION	178. COND	HON FOR WHICH OPE	MALION WAS PERFOR	MLD:			20 AUTOPSY?	
	E	210 EXTERNAL CAUSE WAS	21b. TIME O	E INTUIDY	Tal. However	OCCUPATION			YES 🗌	NO X
55		UNDERLYING OR	HOUR A.A	A. MONTH DAY YEA		OCCURRED (ENTER	NATURE OF INJURY IN ITEM 1	BPART I OR PAR	RT 2]	
D, 21201 PRIOR TO BURIA	Q.	CONTRIBUTING CAUSE OF								
	MEDICAL	214 INJURY OCCURRED  WHILE IN NOT WHILE IT		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	cou	INTY	STATE
	<	AT WORK AT WORK						200		
0, 2		72a. I certify that I taak char	ne of the remain de	scribed above held an	Autopsy .	Inspection	locuin.	nd in my		
								nd in my ap	inian /	
BALTIMORE, MARYLAND, 2		death resulted fram: Natu	ral causes .	Accident, S	uicide 🔲 , Hamic		termined manner	,	0	1
		ACTUAL T. C.	ortion	OVeneva	TOLE (SI	PECIEV)		DATE	7/17	181
E, E		SIGNATURE	- 10-011	0.27600	M.D.	MED	OICAL EXAMINER	SIGNE	D	9/
2	- in	EXAMINER'S NAME T. CR	DESIAN A	LARVOVAN		2112 Du	dall A.	Bul	h ml	21221
A					ADDRESS_		wer noe,	1	10, 10,	
Ó	23a.Bl	JRIAL, CREMATION, REMOVAL	CATE / 1		METERY OR CREMATO	DRY 23d LC	OCATION	COUN		ATE
		DUNIAL	1/14/8	LCAKL	HWN CE	1	BALTO	M	MATERIAL PROPERTY.	
	24 FL	INERAL DIRECTOR	ADDRES:		4	250. DATE REC'D. B	Y REGISTRAR 256 REC	SISTRAR'S	W.d.	
)	_\_\	E. CONNI	-LL	BEC A	1ACE	SEP 18	1981 Dernes	Ja.	- Muleux	
80										

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7	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	2 2 3 1
	1. DF	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO	O.  MONTH DAY YEAR 26 HOT
		OR PRINT)				
	3. SE	Viola x	Mary Niedzwic	S. DATE OF BIRTH	September	
	5. 02			MONTH DAY YEAR		MONTHS DAYS HOURS
	No B	Female  IRTHPLACE (STATE OR FOREIGN	White	Nov 14, 1912	68	R COUNTY OF DEATH
26		COUNTRY	The CHIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED	D P. BALTIMORE CITY O	K COUNTY OF DEATH
3/		aryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION		
20	10.0	IN OR IOWIN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST O	
UC		zelwood	1816 Weyburn	Road	Home make	er
20	13a.	STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE SUNTY 13c. CITY OR TO		S?   13e STREET ADDRESS	
0.0			ltimore Hazelv	VOOD YES NOVE	1816 Weybi	urn Road
7	14. FA	THER'S NAME FIRST	MIDDIE LAST	15. MOTHER'S MAIDE	NAME	LAST
51	1	Tames Seat	on	Ethel	Parks	
		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE	SS
medica	<u>'</u>	No -	215-03-	-9450 George C.	Niedzwick 1816	6 Weyhurn Rd 21
Ē		18. CAUSE OF DEATH (Enter	only one couse per lyne for (o), (b),		10	APPROXIMATE INTE
		PART I. DEATH WAS CAU	ISED BY:	114111	daler	1/2 45
D		I COLOR IMMED	TATE CAUSE (U)			
7		1889				
Omdred		Conditions if any which	DUE TO, OR AS A CONSEC	DUENCE OF (		
TO UNIQUE		Conditions, if ony, which gove rise to immediate	(b)			
,			DUE TO, OR AS A CONSECUTION OF THE TOTAL OF THE TO, OR AS A CONSECUTION OF THE TOTAL OF T			
ory, or other froumant	7	gove rise to immediate couse (a), stating the underlying couse lost.	(b)		terminal disease or cont	DITION GIVEN IN PART 1(0)
injury, or amer	TION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	(b)	DUENCE OF  O DEATH BUT NOT RELATED TO THE		
Salar	ICATION	gove rise to immediate couse (a), stating the underlying couse lost.	(b)	DUENCE OF	TERMINAL DISEASE OR CONT 200. AUTOPSÝ?	20b. IF YES, WERE FINDINGS USE
	RTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	(b)	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \rightarrow NO [
2	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	(b)	DUENCE OF  O DEATH BUT NOT RELATED TO THE  ICH OPERATION WAS PERFORMED  21( HOW INJURY OC	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \rightarrow NO [
2		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHEN THE CONDITION FOR WH	DUENCE OF  O DEATH BUT NOT RELATED TO THE  ICH OPERATION WAS PERFORMED  21( HOW INJURY OC	200 AUTOPSÝ?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \rightarrow NO [
29		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED	(b)	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION	200 AUTOPSÝ?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO ( YY IN ITEM 18, PART 1 OR PART 2)
29	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING 1  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH NER)  P.M.	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO ( YY IN ITEM 18, PART 1 OR PART 2)
29		gove rise to immediate underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF (IF EITHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK	(b)	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION  STREET	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DE A YES NO 1Y IN ITEM 18, PART 1 OR PART 2}
29		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) this ho	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION  STREET	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TO	206. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO 14 IN ITEM 18, PART 1 OR PART 2}
29		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) this ho	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION  STREET	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO PYINITEM 18, PART 1 OR PART 2) WIN COUNTY  COUNTY  The ond hour and from the couses s
29		gove rise to immediate underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMINATION OR CONTRIBUTING AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OR SOW they deceased olive obove. (1) well (did) (did of the course of the c	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  DEGREE ATTENDIN	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TOT  TO COMPANY	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO 19 IN ITEM 18, PART 1 OR PART 2)  WIN COUNTY  COUNTY  22c. DATE SIGNED
29		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  WHILE AT WORK OF WHILE AT WORK  22a.1 certify that (1) this has sow the deceased alive obove. (1) we) (did) (did) 22b. SIGNATURE	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  DEGREE ATTENDIN PHYSICIA  ATTENDIN PHYSICIA	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TOT  TO COMPANY	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO (Y IN ITEM 18, PART 1 OR PART 2)  WN COUNTY  COUNTY  22c. DATE SIGNED
29		gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHER MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. Certify that (1) this has sow they deceased allowed by the country of	DUE TO, OR AS A CONSECUTION OF A CONSECUTION OF A CONTRIBUTING TO THE CONDITION FOR WHEN THE CONTRIBUTION OF A CONTRIBUT	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDIN  PHYSICIA  222. ADDRESS	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TO:  To CITY OR TO:  A MEDICAL STAF  IN DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YINITEM 18, PART 1 OR PART 2)  WIN COUNTY  COUNTY  224 19 3 the (I) The and hour and from the causes signed  22c DATE SIGNED  Sept 25.
29	MEDICAL	gove rise to immediate underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRE AT WORK  22a.   certify that (II) this has sow the deceased olivery obove (II) we) (did) (did)  22b. SIGNAL RE  22d PHYSICIAN'S NAME (178)  Warren Ros	DUE TO, OR AS A CONSECUTION OF THE PRINT OF	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION STREET  DEGREE  ATTENDIN PHYSICIA  222e. ADDRESS  Union Mem	200. AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TO:  10 CITY OR TO:  A MEDICAL STAF  IN DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [17 IN ITEM 18, PART 1 OR PART 2)  WN COUNTY  COUNTY  22c. DATE SIGNED
Salar	WEDICAL WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHER MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22a. Certify that (1) this has sow they deceased allowed by the country of	DUE TO, OR AS A CONSECUTION OF THE PRINTING TO	DUENCE OF  O DEATH BUT NOT RELATED TO THE  CH OPERATION WAS PERFORMED  DAY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDIN  PHYSICIA  222. ADDRESS	200 AUTOPSY?  YES NO CURRED (ENTER NATURE OF INJUR  CITY OR TOTAL  TO COMMENT OF THE PROPERTY OF THE PROPERTY OF TOTAL  OF THE PROPERTY OF THE	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO (1) YIN ITEM 18, PART 1 OR PART 2)  WAY  COUNTY  COUNTY  22c. DATE SIGNED  Sept. 25.

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Triffico anominan isi					
	Nosette Table				
MANUAL ENGINEERING SANTA	Late Dark V. C. Sec. V.	1-49-1			
	n savary sav				
PB FREUMORIA	N 324H210 AR				
	A 32AH210 2K		2012	1.)	
PREDMITA BELLEVIOREN BELLEVIOR	n 22/12/0 2K	130000	2.6-,12	Ţ-,)	
PB FREUMORIA	n 22/12/0 2K	130000			
PB FREUMORIA	A 924H210 2K	180008	2.4-,12	1-1)	
PREDMITA BELLEVIOREN BELLEVIOR	n 22/12/0 2K	180008			
PB FREUMORIA	A 924H210 2K	180008			
PB FURDINITA	A 924H210 2K	B TERROR		1.0	



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121	FOR STATE			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8	2	2 8	i
	REGISTRAR DECE ASED NAME TYPE OR PRINT)	FRST		Nueslein		AST	REG. N	0. MONTH DAY 9/ 22	YEAR   2   81	7: 20
) 3	SEX		RACE	Nuesteri	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	- /	NDER I YEAR	F UNDER 24 I
44 17 E.A.	Female  BIRTHPLACE (STATE COUNTRY)  Savannah,	OR FOREIGN 7	White CITIZEN OF USA	WHAT COUNTRY	MARRIE	/ 1/ 31 D NEVER MARRIED (3)	1 BALTIMORE CITY O	YRS. DE COUNTY OF		
10 TO	CITY OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURS	T ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON F WORKING LIFE]	126. KIND OF I	
J V	SUAL RESIDENCE (# 30 STATE  Maryland	136 COUNT	OTHER INSTITUTION	Villa ( GIVE RESIDENCE BEFO  136 CITY OR TO  Baltimo	ME ADMISSION) WN	Ilona Ave.	Teacher  13s. STREET ADDRESS 6806 Bellor	Mercyl	H. Sch	001
~	FATHER'S NAME FIRST		G.	Nueslein		15 MOTHER'S MAIDEN NAME FIRST		la Ave.	Frain	
event. the med	WAS DECEASED E (YES, NO OR UNKNOWN NO		AED FORCES? WAR OR DATES)	256 54		17 INFORMANT Sr. M. Elair	ADDR		Bellon	a Av
ny injury, or other		tating The ouse last.	( rc)_	ONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART 1(o)	
T 18 shows any	190 DATE OF OP	ERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY? YES NO	20h. IF YES, W IN CERTIFY IN	G CAUSES O	
5 0/ A	An CO., INC. 10. 10. 10	CAUSE OF DEAT	"		DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
ASDICA		URRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.]	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
21 is	saw the dec	t (1) (this haspite eased plive an _ e) (and) (did nat)	9/21/	deceased from 19	/	, 19 80 and that in (my) (aur) apinian (	death occurred on the d	19_ ate and haur an	-,	at (1) (we)
MPORTANT: If Item	226. SIGNATURE	twe	ng.	M.D	,	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		221 DATE SH	GNED 3/8
MPORTA	WM	B, R	EVE	ER, J,	e. m.D.	10 / / 60	DENCE	Rosev	no. 2	2120
23	BURIAL, CREMATE (SPECIFY) Buria	.1	236. DATE 8/25/			IC Cemetery	23d LOCATION CITY OF TOWN Savann		orgia	STATE
5M 24	FUNERAL DIRECTO	R		ADDRESS		25e. DAT	EP 251981		SSIGNATUR	IE .

virie Prouisis arciand saltimore wastique of the sellons ve. and arciand Jones ... unn mn roam 250 5a 1033 T. M. Elaten Costello 6809 bellong Ave.

SEP 25198, 2144, 25198

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
Ì	1. DECEASED NAME FIRST	WIDDLE	LAST	28 DATE OF DEATH MONTH DAY YEAR 26 HE	OUR	
	D.	GLADYS	O'BRIEN	SEPTEMBER 2, 1981 9::	20 A	
I	3. SEX		S. DATE OF BIRTH			
	Female	White	sept. 3, 189	5 85 YRS. MONTHS DATS HOUR	S MIN.	
-	30 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH		
	Maryland	TT C' A	WIDOWED DIVORCED	DAT TO TWO DE COLLINITES	MD	
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	DRESS)	120 USUAL OCCUPATION 126 KIND OF BUS	INESS OR	
	TOWSON	DULANEY TOWSON N	JRSING CENTER	Sales Clerk Retail	Sale	
	13a STATE 13b COU	rother institution give residence before all NTY 130 CITY OR TOWN 21204	DMISSION) 13d. INSIDE CITY LIMIT YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	8120 Halton Road		
I	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	- · · · · -		
ı	Joseph	Hubbert	Verti	e Baker		
Ī	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRESS		
l	No	217-07-56	76 Margaret	H. Bardzik Towson, Md. 2	21201	
	Canditions, if any, which gave rise ta immediate cause 1a, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	CE OF	APPROXIMATE IN BETWEEN ONSET A	CO	
l	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	FERMINAL DISEASE OR CONDITION GIVEN IN PART 11a		
ı	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO		
	to L				ATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)	ATH?	

BP.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Villiam

230 BURIAL, CREMATION, REMOVAL (SPECIEY)
Burial 236 DATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

226 ADDRESS

Baltimore

Co., Md.

Johnson 8521 Loch Raven Blvd SEP 3

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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STATE OF MARYLAND

TITTERS CO.	ASED NAME	FIRST		MIDDLE	L	AST	REG. 1	MONTH	DAY YEAR	Zb. HOU
	Tar.	RANK A	MILLONIA	PACTENZA			CERTAITEMOTER	47	1981	1:1
1. SEX	- 77		RACE	PAGIFINA	5. DATE C	OF BIRTH	SEPTEMBER  6. AGE (IN YEARS LAST B		IF UNDER I YEA	
					MONTH	DAY YEAR			MONTHS DATS	
a RIDT	HPLACE (STATE OF FO	2	WHITE	WILLT COLINITAVA	SEPT	EMBER 13, 189		6 YRS		
	UNTRY)	IKEIGN /	CHIZENOF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
	NNSYLVANTA		II.S.A.		MIDOME		BALTIMORE		VTY	
U. CITY	OR TOWN OF DEAT	H 1	I. NAME OF I	HOSPITAL, NURSIN THEACILITY, GIVE STREET	IG HOME C	PR OTHER INSTITUTION	120 USUAL OCCUPATION OF MOST		12b. KIND G LIFE) INDUSTRY	OF BUSINE
FO	RT HOWARD	V		CAL CENTE		Ft. Howard	DENTIST		1.0051	-
USUAL 13a. STA	RESIDENCE (IF NURSIN	G HOME OR O		GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	YTAND	00 000111		TOWSON		YES X NO	204 E. JO		SD # 203	
	HER'S NAME			TOWSON		15 MOTHER'S MAIDEN NA		TIRI	W 77 20)	
3.00	OTTATE DAGE		DDLE	LAST		Dh i 7 am ann	MIDDLE		37	AST •
	CHART, PACT S DECEASED EVER IN		ED FORCES?	16b. SOCIAL SECU	RITY NO	Philomena	1	RESS	Yannu	ZZI
(YES.	NO OR UNKNOWN)	( IF YES, GIVE Y	WAR OR DATES)			17 INFORMANT Jose				
Y	ES	WWI		220 14 4	282	CLINICAL RECO	ORDS, VAMC,	FORT		
18	PART I. DEATH WA	Enter only	ane cause per	line far (o), (b), and	dici.)				BETWEEN	XIMATE INTER
	li de la	MMEDIATE	CAUSE (a) C	ARDIORESE	TRATO	RY ARREST			MIN	UTES
- 1	1851		DUE TO O	R AS A CONSEQUE	NCE OF					
(	Conditions, if any,	which				RT FAILURE			WEE	KS
	gove rise to imme		)	R AS A CONSEQUE		1				
	underlying cause	last	1	ANEMTA	NCEOF				YEA	PC
P	ART 2 OTHER SIGNI	EICANT CO			EATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR COL	IDITION		
₹							THAT DISEASE OR CO	4DITION C	DIAFIA HALWEL I	10
CERTIFICATION 130	DATE OF OPERATION			TION FOR WHICH		N WAS PERFORMED	20g AUTOPSY?	[20h IF )	YES, WERE FIND	INGS LISED
Ĕ									TIFYING CAUSE	S OF DEAT
E 121	a. ACCIDENT WAS UNDER	RIVING	21b. TIME O	E IN ILIPY		21. HOW INTURY OCCUP	YES NO		YES	NO [
	OR CONTRIBUTING CA			M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	(ENTER NATURE OF IN)	URY IN ITEM 1	8 PART 1 OR PART 2)	
<b>=</b> 0	(IF EITHER NOTIFY MEDICA		P./		19					
1 2	d. INJURY OCCURRE	_	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	51
Z) 21										
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WEDICA 21 AT	while NOT while NOT while I work	his hospital	) attended the	e deceased from S	EPTEV	BER 17 1981	, to SEPTEME	BHR 1	7. 19 81	that HI (w
WEDICA 21 AT	WHILE NOT WHILE AT WORK  20.1 certify that 1) (to sow the deceased	his hospital		ER 17 10 C		IBER 17 , 19 81 d that in (my) (our) opinion			7, 19 <u>81</u>	that HI (w
WEDICA	while NOT while NOT while I work	his hospital		ER 17 10 C	31, an					that HI (we causes state
WEDICA	WHILE NOT WHILE AT WORK  20.1 certify that/1) (1  sow the deceased above, (1) (we) (dig	his hospital		ER 17 10 C	31, an	d that in (my) (our) opinion -	death occurred on the o	dote and h	22c DAT	SIGNED
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21 22 22 22	NOT WHILE WORK  10. I certify thous)  11. Sow the decessed above, (1) (we) (dic 28. SIGNATURE  24. PHYSICIAN'S NAM	his hospital alive on 1 d) (did not)  AE (TYPE OR P	view the bady	ER 17 10 C	31, an	d that in (my) (our) opinion  EGREE  ATTENDING PHYSICIAN [	MEDICAL STA	AFF ICIAN	22c DATE 9/1	7/81
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DHMH - 16 50M 1/1 (VRA 15, 4)

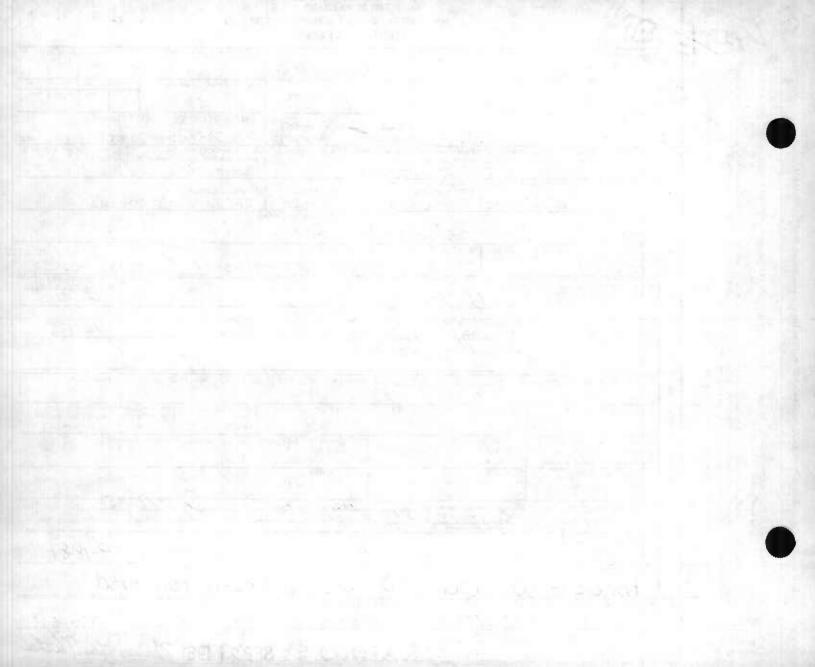
to FUNERAL DIRECTOR: A should be detected for use with the State Dept. of Heal

The State Court . The State State A SECURE OF THE PROPERTY OF TH CHOICE ON THE THE PARTY IN STORY The first trace of the first tra

	FOR STATE REGISTRAR		STATE OF MARYLA DEPARTMENT OF HEALTH AND N CERTIFICATE OF D	IENTAL HYG	IENE 8   REG. NO.	2 2 8 2 1
	1 DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST		2e. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
e 3	Man	rgaret E.	Palmer		9	25 81 /0:00 PM
(AA)	3 SEX Female	White	S DATE OF BIRTH	68	4. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	78. BIRTHPLACE (STATE OR FOR COUNTRY)  Maryland	REIGN 76 CITIZEN OF WHAT O	MARRIED LI NEVER M	ARRIED	Baltimore CITY or COU	INTY OF DEATH
in by the fur filed within	Boring	TH 11. NAME OF HOSPIT.  (IF NOT IN SUCH FACILIT  14723 Old	at, nursing home or other inst y, give street address) Hanover Road	NOITUTI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  HWT	12h KIND OF BUSINESS OR
2 should be fill a standing mu	USUAL RESIDENCE (# NURSI 130. STATE Md .	Balto Bos		TY LIMITS?	13. STREET ADDRESS 14723 Old Han	over Road
sho exa	14 FATHER'S NAME	MIDDLE		MAIDEN NAM	WE	LAST
comple 1 and 2 neptical	Thomas			nie		Lambert
5 E	160 WAS DECEASED EVER I	(IF YES, GIVE WAR OR DATES)	OCIAL SECURITY NO 17 INFORMAL	VT .	ADDRESS	
nhysician and appers. Page: moval. c event, the	no	Enter anly ane cause per line for		Rerry.	E. Wisner, Bor	APPROXIMATE INTERVAL
been signed by the and the please remoned in the please remoned in the bound of the please remoned in the please remoned in the please		the lost DUE TO, OR AS A I	CONSEQUENCE OF  UTING TO DEATH BUT NOT RELATED  OR WHICH OPERATION WAS PERFO			FYES, WERE FINDINGS USED
ificate has b nsit permit. Hygiene pri n 18 shows	190. DATE OF OPERAT	IN CONDITION F	OR WHICH OPERATION WAS PERFOI	KWED		ERTIFYING CAUSES OF DEATH?  YES NO
tra tra tal	OR CONTRIBUTING C	AUSE OF DEATH HOUR A.M. M	ONTH DAY YEAR	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	m 18. PART I OR PART 2)
After this of the burial is the burial is and Men marked or	(# EITHER, NOTHY MEDICA  216 INJURY OCCURR  WHILE NOT WH AT WORK NOT WH	(AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.) 211 LOCATIO STREET	N	CITY OR TOWN	COUNTY STATE
ECTOR: for use as of Heali	220 I certify that (I) (saw the decease	this haspital) attended the desected alive an	19.81nnd that in (my)	. 19 CO C	- 10	d haur and fram the causes stated
RAL DIR Jetached tate Dept NT: If It	226. SIGNATURE	Williams			MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED 9-26-51
to FUNERA should be der with the Stat	224 PHYSICIAN'S NA	ME (TYPE ORPRINT)	S MD 11904	Kowlers	town & Keiste	ister 14,21136
)	23a. BURIAL, CREMATION, F (SPECIFY) Burial	236. DATE 9-28-81	230 NAME OF CEMETERY OR C		Upperco	county/ state Balto Md.
HMH-16 25M RA 15, 4) 1/79	24. FUNERAL DIRECTOR	ral Home. Hamosi	ADDRESS	250. SE	REGID BY REGISTRAR TOWN RE	

THE RESERVE TO SECOND Tell -822 | 180, Store medical control of the store of th

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DHMH - 16 50M 1/81 (VRA 15, 4)

injury, or other troumatic

IMPORTANT: If Hem 21 is marked or Item 18 shows any

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Johnson 8521 Loch

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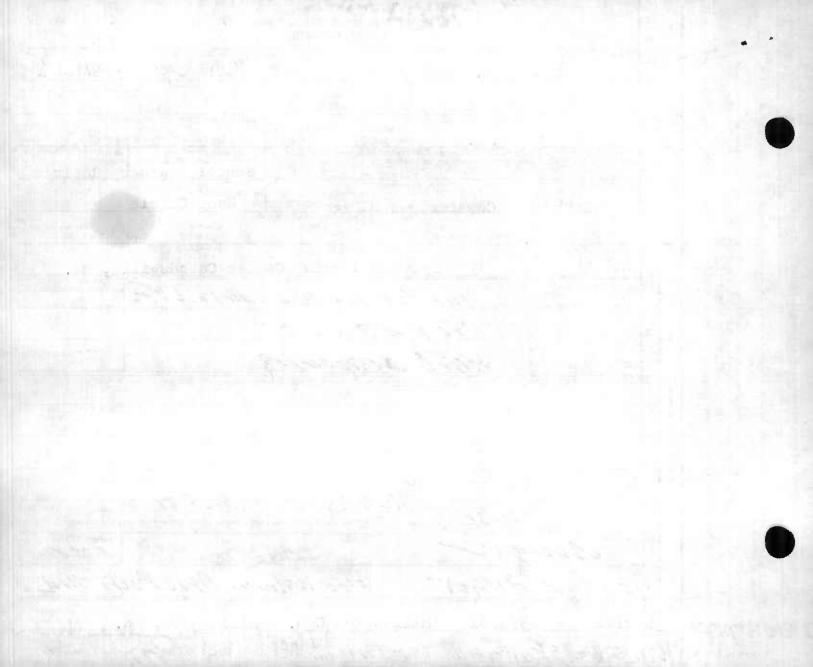
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1981

Ľ	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST  YPE OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	Michael	D.	PAWLO	WIC7	September 4	. 1981	5:05 a <sub>M</sub>
3 5	SEX	4. RACE		OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	Male	White	Aug	. 28, 1913	68	RS.	HOURS MIN.
7a.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COL		
	Maryland	U.S.A.	WIDOWI		Baltimore Co	untv	MD
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPATION	HINKIND (	RAL GOR
F	Rossville	Franklin	Square H	ospital Sci	entific Phot	ographe	r
US 130	UAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESID	ENCE REFORE ADMISSIONIL	*			
	laryland Ba.	Itimore 130 CHY	21234	YES NO A	9006 Chate	augav C	ourt
_	FATHER'S NAME			15. MOTHER'S MAIDEN NA		200800	0 012 0
	Andrew	Par	wlowicz	Pauline	MIDDLE	Slav	insky
160	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDRESS	21234	
	(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 212.	-09-4099	Wanda J. P.	awlowicz Bal	timore	Md
-				11021000 01 2	anzonica Dai		(MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:				BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (a) Res	piratory A	rrest			
	1319	DUE TO, OR AS A C	ONSEQUENCE OF				
	Conditions, if any, which	( b) Care	cinoma of	the Stomach			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A C					
	underlying cause last	DOE TO, OR AS A C	ONSEQUENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR CONDITION	CWEN IN DARY I	
NO			MITO TO DEATH	THE RELATED TO THE TERM	MALDISEASE OR CONDITION	GIVEN IN PART II	
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. 1	F YES, WERE FINDI	NGS USED
F					IN CI	ERTIFYING CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	,	1214 HOW INJURY OCCURS	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES	NO 🗌
				THE HOW MAJORI OCCORP	CED (ENTER NATURE OF INJURY IN THE	(18 PARTION PARTZ)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	TAN LOCATION			
MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK						
	22a I certify that W (this hosp	oital) attended the deceas	ed from_Augus	st 25 19 81			that 💢 (we) last
	saw the deceased alive of abave, W (we) (did)	view the bady after dec	19_ <u>81</u> _, or	nd that in (aur) apinian	death accurred an the date and	haur and from the	couses stated
	22b. SIGNATURE			DEGREE		22c. DATE	SIGNED
	Bulian	n D	1.1.	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	9.5	1. 21
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	J DIRECTOR THIS CLARE	- /	
	Buck Duga	n M D		9000 Frank	lin Square Dri	ve 21237	7
23-	BURIAL, CREMATION, REMOVAL		122. NAME OF C		123d LOCATION	ve 2123/	
230	Burial  Burial			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
2.4		Sept. 7, 8	B1 Holy	Rosary Ceme	tery Baltimo	re, Mar	yland
24	FUNERAL DIRECTOR	NAME OF THE PARTY OF	ADDRESS		E REC'D. BY REGISTRAR 25b. BE	GISTRAR'S SIGNAT	Heither
Tai	14 7 7 4 10 T-1	0 7 2 4	Ta-la D.	TOT CI	TD 0 1001 / Ca	at Cort	

Raven

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FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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REGIS	TRAR			CEKIII	ICAIE OF DEATH	RE	G. NO.		
1 DECEASED	NAME	FIRST	MIDDLE		AST	2a. DATE OF DEA		DAY YEAR	26 HOUR
(TIPE OR PRINT)	R	OBERT	RAMSAY		PEARD	Septem	ber 13,	, 1981	195 N
1. SEX	4	4. RACE		5 DATE O		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	
	ale		rite		e 7, 1912	69	YRS.	MATS DATS	HOURS MIN.
BIRTHPLA	CE (STATE OR FOR	REIGN 76 CITIZEN	OF WHAT COUNTRY?	8. MARRIE	D MEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
	ryland		USA	WIDOW			more Co	ounty	MD
10 CITY OR T	OWN OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU	JPATION AOST OF WORKING LIFE		OF BUSINESS OR
Tow		Mul	ti-Medical		ter		resident		Nat.
130 STATE	ENCE (IF NURSIN	CHOTHER INSTITU	130. CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDR	ESS	8	Bank
	yland	/	Baltin	nore	YES 🛛 NO 🗌	116 E.	Melros	se Ave	nue
14 FATHER'S	FIRST	WIDDLE	EAST		15 MOTHER'S MAIDEN N	MID	DIE	LAS	51
Les		н.	Pear		Isabel			Ram	say
		U.S. ARMED FORCE		RITY NO.	17 INFORMANT		DDRESS		
Yes	5	WW II	217 14	1799	Mrs. Mar	y E. Pea	rd,	Sar	
II CAL	JSE OF DEATH	Enter enly one course CAUSED BY	per for al, (b), one	f.oc)/	~ D11		POR	METWEEN!	DHEET AND DEATH
1 3		AMEDIATE CAUSE RI	120912	ese	VI HOR	nero l	ulla	4	
3	220		OR AS A CONSEQUE	NCE ST	2.00			19	29
	rise to immer		-	10	soury .			111	/
course	lying course	the DUE TO	OR AS A CONSEQUE	NICE OF	/				/
	AUT - N	re re							
Z PART 2	OTHER SIGNIF	HEANT CONDITION	S CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVE	N IN PART III	0
A 180 DV.	TE OF OPERATIO	N 11% CC	NDITION FOR WHICH	DPERATIO	N WAS PERFORMED	Title AUTOPSY7	Iton if YES	WERE FINDS	NGE USER
CERTIFICATION						YES [] NO	IN CERTIFY	FING CAUSES	OF DEATH?
E 214. AC	CIDENT WAS UNDER	1,000,010	E OF INJURY	arrow w	21s. HOW INJURY OCCU	1444	400	had	1407
	TRIBUTING [ ] CAL	control of the section	A.M. MONTH DA	Y YEAR					
× 8	IURY OCCURRED	21e. Pt.A	CE OF INJURY	lun-	711 LOCATION	100	Октоння	county	STATE
E Contract	P ACT MINUS	D	I. SPREED, NACHORY, CARROLL NA	AM ETCS	1050	C	27 12	0/1	LOUIE.
17s.1 ce	wify that the th	na hospitoli arrave	the distant from	7,	1700	- · · ·	4/5	901	that (p Twe) log
sey	the decoupe	DI A	side of the death.	1.00	nd that in (my) (aur) apinion	n death occurred of	he date and hour	and from the	coyles stored
72h S	NATURE	7 X-11		1	OFF-SEE		. N. 12-12-12	JZL DATE	MGNED /
1	41 (	1/1869	rech	1 /1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF HYSICIAN []	19/1	14/81
12 (94)	YSTEIAN'S NAM	E style otheren			771 ADDRESS			11	11
Dr	. Willia	am G/H	elfrich, M	.D.	5006 Rola	and Avenu	e, Balto	0. 6 M	d/
23a BURIAL, (	CREMATION, RE	MOVAL 236 DATE	73c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			1
Cre	emation				Ridge	Pikes	ville,	COUNTY	Md.
24 FUNERAL	DIRECTOR H	enry W.	Jenkins &	Son		ATE REC'D. BY REGIST			Marthen
4905	York R	oad Balt	o., Md.	2121	2 S	EP 15 198	11 Cranca	0	NECOTO 20

DHMH - 16 50M 1/B1 (VRA 15, 4)

Cidilla Company Company Company of the Company of t as I that I all stime Laltimore County Towson U Multi-Madical Canab Vice-President Md. Nut. Maryland - Eathingre x - 118 E. Melrose Avenu-Lasiis H. Pears WW 11 217 14 1759 Mrs. Mary 11: 375

Sr. - William G. Helfrich, M.D. | Book Roland Wenze, Balts., Md.

Eremation S/15/81 Drute Rises
Henry W. Jan ins 8 sons Co.
See Sales, No. 21212

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

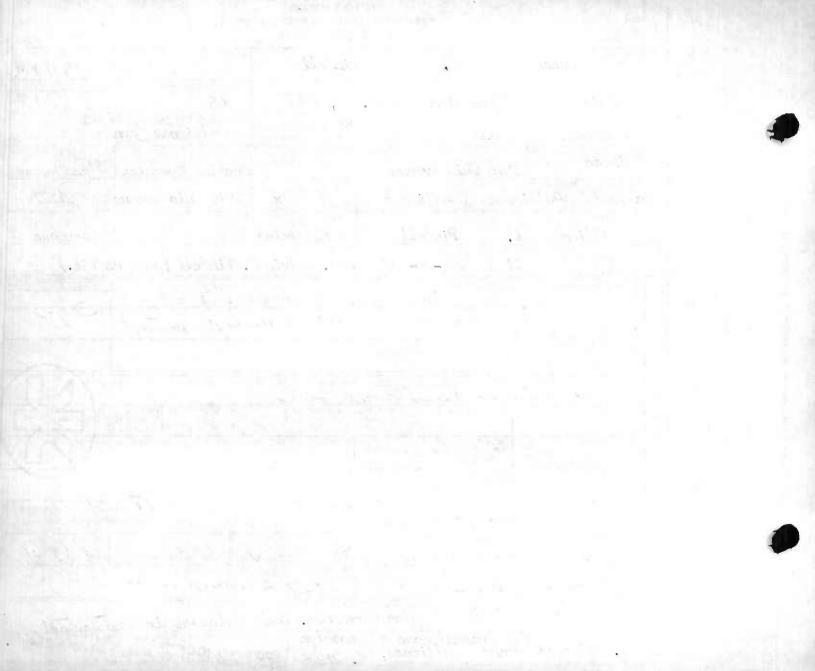
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The Book of the Colored Total Total .old Wineld [35 at intention Sendalistan Smite, De. Con. Heart, ed. Balto, Emistoration 207 Margrants Lane Oumphe Li petty iloneyenth 220-14-0752 Fr. C. Joseph Deterror Paisterstoim, Nd. THE RESERVE THE PARTY OF THE PARTY. Sert. 19,81 Everyment Memorial Princeburg, Na. Sing Sumeral loss Reisteratour, Md. 20136 George (00) Jan Coulse of respectively ferrical Meaner Second Commentation of the Second Decil to reduce the control of the c to manufallis (Of Figure Seal as ion atm (5000 to 515

Darry H. White Alie Celaratia Ht Hilliants City Joseph R. 1981 Elecyles

From S. 1970 | Spring leld from Spinsville, training Maryland

4	1.	- STATE REGISTRAR			. DEFAKI	CERTI	ICATE OF DEATH	REG. N	O. 6	- 0	
n 4	1. DE	CE ASED NAME E OR PRINT)	Hanny		MIDDLE		Pindell	2a. DATE OF DEATH	9. M	YEAR 8/	26. HOUR
s ofter d	3.58	Male		4 RACE	asian		DF BIRTH 22, DAY 916 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	HE UNDER 24 H
B BA		IRTHPLACE ISTATE OR COUNTRY Manylar	4	76 CITIZEN OF	WHAT COUNTRY?	8.	DENEVER MARRIED	Baltimore City of Baltimo	R COUNTY OF	DEATH ty	
100 Per 100	10 B	atimore	EATH	TIE NOT IN SU	HOSPITAL, NURSING HEACHLITY, GIVE STREET HIS AVENUE	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT INPEOF WORK FOR MOST OF Machine Op	F WORKING LIFE)	INDUSTRY	House
filled in	USU 13///	al RESIDENCE (IFNU STATE anyland	Balt	ROTHER INSTITUTION NJY LMORE	GIVE RESIDENCE BEFOR	e admission N Re	13d INSIDE CITY LIMITS? YES NO A	13-2916 White	Avenue	Ź	21227
2 430		ATHERS NAME Willia	ım	WIDDIE	Pindell		15. MOTHER'S MAIDEN NA Kathenine	MIDDLE		Sey	mour
Pages		WAS DECEASED EVE YES, NOIOFYININGWN)	R IN U.S. AF	MED FORCES?	215-09-7	267	Mrs. Sylvia	M. Pindell			MATE INTERVAL
has been signed by the a permit. Then please remo me prior to bursal, cremat was any injury, as ather tro	CERTIFICATION	gave rise to in cause [a], statunderlying cause PART 2. OTHER SK	SNIFICANT	CONDITIONS C	cante	O PQ	NOT RELATED TO THE TERM S.C. Descent	AINAL DISEASE OR CON  7  200 AUTOPSY?  YES   NO	20b. IF YES, WIN CERTIFYIN YES	ERE FINDING CAUSES	GS USED
L DIRECTOR. After this certificate tracked for use as the busiolistranish a Dept of Health and Mental Prygre. If hem 21 is marked or hem 18 sho	MEDICAL CERT	220.1 certify that (	CAUSE OF DE ICAL EXAMINER WHILD WHILD VORK  I) (this hasp	21e. PLACE (AT HOME, ST	.M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET  211. LOCATION STREET  ATTENDING	RED JENTER NATURE OF INJU	WN 19, PART	COUNTY	STATE that (1) (we) l causes stated
TO FUNERAL should be det with the State IMPORTANT.	23a.	BORTAL, CREMATION	Ky.	DIRK	236.1		22e ADDRESS	DIRECTOR PHYSICAL PHY	s Auf	JNTY	STATE
5 60M 1/73 .15 (4))	24 F 2	uneral director 37 %. Pata	Mc (i	illy Fun Avenue	enal Home Baltimo	of	Brooklyn 250. DAI	P 22 1981	25h REGISTRA	SSIGNAT	arthen



MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be like with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather traumatic event, the medica

may be

FOR STATE REGISTRAR		DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8	REG. I	2 NO.	2	3	3	2
DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE C	OF DEATH	MONTH	DAY	YEAR	2b. HC	UR

1981 IF UNDER LYEAR ONTHS DATS OF DEATH OUT 12b, KIND CO INDUSTRY	26 HOUR 3:15 IF UNDER 24 HI HOURS M
OF DEATH	HOURS M
OF DEATH	HOURS M
of DEATH	
ity,	
12b. KIND C	
	OF BUSINESS
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EN IN PART 1	(O)
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ART T OR PART 2]	
COUNTY	STATE
ond from the	that (I) (ma) I
TIL DATE	17/8
1//	110
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AR AR	Rodo Knigh  BETWEEN  NIN PART 10 WERE FINDII ING CAUSES  COUNTY  ond from the

Em. Baltimore C1

125. DATE REC'D. BY REGISTRA 125, REGISTRA

1. SEP 18 1981 Passes

BP. DHMH-16 30M 2/80 (VRA 15, 4)

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24 FUNERAL DIRECTOR

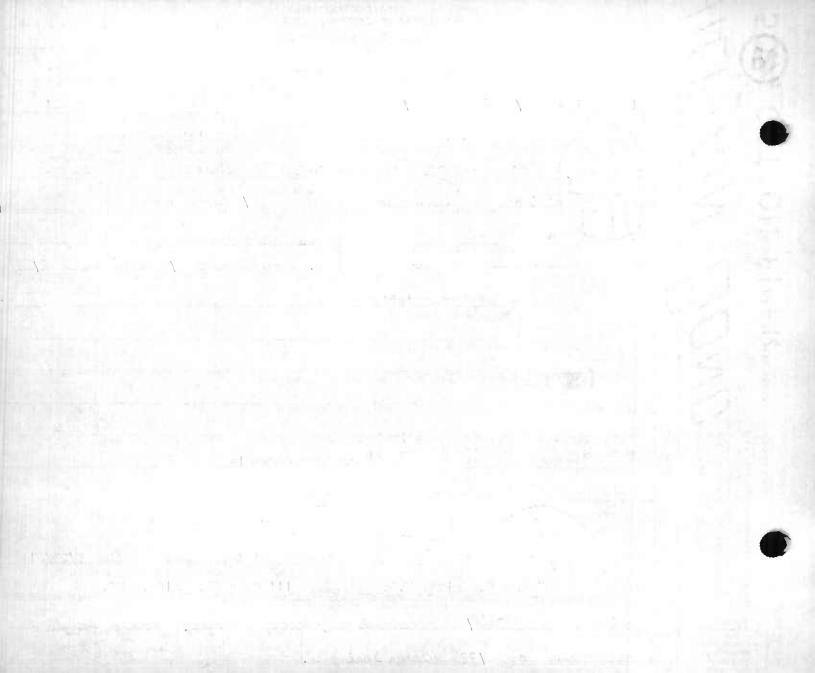
Johnson 8521 Loch Raven Blvd

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6	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAN TEALTH AND MI TCATE OF DE	ENTAL HYG	IENE B	2	2 3	3
P		CEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH D	P-28-81  IF UNDER 1 YEAR  WONTH'S DAYS  VRS.  PUNTY OF DEATH  COUNTY  ADELPHIA  HOFFSTE  ADELPHIA  BETWEEN COUNTY  IF YES, WERE FINDINGER THY ING CAUSES  YES  EM 18 PART 1 OR PART 2)  COUNTY  19 81  1220 DATE:	Zh HOU
			ANNA		F		OPP		183			9:1
7	3. SE			RACE		5. DATE	DAY _	YEAR	6 AGE (IN YEARS LAST B	RTHDAY)		HOURS
No.	7n R	FEMALE RIHPLACE (STATE OR FO		CAUCA		00		13	68			
25	100	RYLAND	DREIGN /		WHAT COUNTRY?		D NEVER MA					
$\sim$		TY OR TOWN OF DEA	TH I	US.	A HOSPITAL, NURSIN	WIDOW IG HOME		DRCED [	BALTIMO			A DITEIN
18	m.	OWSON		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			HOMEMAKE	OF WORKING LIFE		) BOSII4
7	<b>JUSU</b>	AL RESIDENCE (# NURSI	NG HOME OR OT	THER INSTITUTION		ADMISSION)				11		
3			BALTI		ROSEDAL	LE	13d. INSIDE CIT	Y LIMITS?	80 PH	TLADEI	PHTA	RD.
24		THER'S NAME	84.15	DOLE	LAST		15. MOTHER'S		ME		<u> </u>	11,30
50	JO	HN	MI		AGNER		M	ARY	WIDDLE	НС	PFST	EADE
		VAS DECEASED EVER I		ED FORCES?	166 SOCIAL SECU		17 INFORMAN		ADD			
		NO			2162868	373			9 8044 PH Y ARREST	ILADEI		
	NOI	Conditions, if any, gave rise to imm couse (a), stating underlying cause	ediate the last.	(c)_	ASP ON RAS A CONSEQUE	NCE OF	CA OI	The	TONGUE COM	NDITION GIVE	N IN PART 10	9
2	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	IN CERTIFY	ING CAUSES	NGS USE OF DEA
9	MEDICAL CE	21a. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P./	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT T OR PART 2)	
	MED	216 INJURY OCCURR	E []	21e PLACE (	OF INJURY EET, FACTORY, OFFICE FA	ARM ETC )	211. LOCATION		CITY OR T	NWO	COUNTY	
ď		220.1 certify that (X)	d alive an	9-28	19.8	9-2		19 <u>81</u> ur) apinian d	, to	ate and hour		that (1)
		saw the deceased alive on 9-28 obove, by (we) (did) (1995) view the body after death.  276. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
1		22d PHYSICIAN'S NA	3 AK	CEE					ROAD TOWSO	N MD. 2	1204	
	(	URIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CRI	EMATORY	GIEN BUT	RNIE A	COUNTY	
		BURIAL INER DIPICTOR	ach	10/1/	ADORESS	LEN F	he.	250. DATE	REC'D. BY REGISTRA			RUN

THE ATTEMPT CANTES AND THE SECOND SECOND THE CHART CHART IN . Starbard for Fore Spir Fillands Events He. TOWAY - 10 /1/21 - 15 TO THE PARTY OF THE PA

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/		FOR STATE					AND MENTAL	-		do	6 0	0 0
		REGISTRAR		MEI		AINER'S	CERTIFICATE	OF DEATH	H RE	G. NO.		
2		CEASED NAME ORPRINT)	FIRST		WIDDLE		LAST	20.	DATE KNOW		TH DAY YEA	AR 26. HOUR
	(****	. Oktivisti	Heath	er	Ann		Porter		OF ESTI-		9 2319 8	31
1	3. SEX	4 RAC		5. DATE OF BIRTH	6. AGE	IN YEARS IF U			DATE	MONT		AR 2d. HOUR
9	Fe	male Wh	ite	10/ 26/	66 LASTI	YRS.	HS DAYS HOURS	MIN' PRO	DEAD		9 2319 8	8 A
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6	FOI	REIGN COUNTRYI			A.		IED NEVER MAR	RIED				+ - 111
-		ryland TY OR TOWN OF DE	ATL		PITAL, NURSING H	WIDOV			OCCUPATION			MD.
0	10. 01	7	010	(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADD	RESS)		FOR MOST	OF WORKING LIFE		OR INDU	JSTRY
4	116114	Jourson		Ridgewoo			Blvd.	stu	ident		scho	ol
1	130, S1	ATE	135 CQUNT	R OTHER INSTITUTION, GIV [Y	134 CITY OR,TO		13d. INSIDE CITY LIMITS?	13e, STREET	ADDRESS A			
2	Mo	iryland	Balti	more	Lansdou	ne	YES 1 NO		izel Av	enue		
2.	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MIDDLE		LAST	
0		George Po	rter				Bankan	- 5-14	MIDDLE		FWOI	
1	160. W	AS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMANT	u Jecre		RESS		
	416	no	(IF YES, GIVE V	WAR OR DATES)	none		Mr. Geor	ge Port	ter 19	Hazel	L Avenue	21227
		18. CAUSE OF DEA	TH (Enter only	y ane cause per line	for (a) (b) and (c)	)		8	- /	8	APPROXIW	AATE INTERVAL
-		PART I DEATH V	AS CAUSED	BY:	trangula						BETWEEN OF	NSET AND DEATH
Я	30	9630	IMMEDIAT	E CHOSE (G)	AS A CONSEQUE							
01530		Conditions, if	any, which	DOL 10, OK	AS A CONSEQUE	ACE OF						
	-	gove rise to	immediate	(b)								100
		lying couse last	the under-	DUE TO, OR	AS A CONSEQUE	NCE OF						
4				(c)								
-1		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO OFATH	OT NOT RELATED TO TH	E TERMINAL OISEA	E OR CONDITION GIVEN IN P	PART-1 (a).				
	o o											
	CAT	19a DATE OF OPER	ATION	196 CONDIT	ION FOR WHICH	OPERATION V	AS PERFORMED?				20 AUTOP	SY?
	TE										YES D	O NO D
5	CERTIFICATION	21a EXTERNAL CAU		216. TIME OF	INJURYESTI	патерин	OW INJURY OCCURR	RED LENTER NATU	IRE OF INJURY IN IT	EM 18 PART 1 OR		
)		UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH PM	MONTH DAY	81	bject stra	analad				
	MEDICAL	21d. INJURY OCCUR		21e PLACE C	FINJURY (ATHO	ME. 21f LC	CATION	angreu				
	¥	WHILE NOT	WHILE X		ORY, FARM, ETC.)		STREET	CI	TY OR TOWN		COUNTY	STATE
		AT WORK AT V	VORK	_ unk	nown	Lun	known					
		220 I certify that	took charge	of the remains des	ribed obove, held	an Autar			nquiry .	ond in my	opinion	
		death resulted from	ni Nonfre	ol causes	Acident	Spicitle	, Homicide	X Undeterm	ined manner			
		/	11	1	110	V	TITLE (SPECIFY)					
		SIGNATURE	1h	orrond	1 /2m	- MK	Deputy Cl	hiefence	LEVALABLED	DAT	TE 9/23	3/81
-			11	4	-	0		III CMEDICA	LEXAMINER	SIG	NEU	7.01
X	Feat	EXAMINER'S NAME	Th	omas D. S	mith, M.	D.	ADDRESS 111	Penn S	T. Bai	to. MI	D.	
-	23 - PI	IRIAL, CREMATION,					ADDRESSII					
	(5)	PECIFY	TEMOVAL Z		ZSC. NAME O	CEMETERY	CREMATORT	23d. LOCA	OWN		OUNTY	STATE
	24 E1	Burial		9/28/81	Mead	ownidg			71011	Howard	1 Maryl	and
	24 FU	NERAL DIRECTOR		ADDRESS			DO. DAY	REC'D. BY REC	1/1	REGISTRAR'S	SSIGNATURE	
	An	brose Fur	renal 1	Home 122	8 Sulphy	n Snair	Rd SE	P 25 19	01 974	me for	anlasth	i i
					100		CATCHER CO. C. C.					



VI	FOR  STATE REGISTRAR		DEPARTM		CATE OF D		IENE Ö   REG. N	0	40	3 0
1, DI	Pansy	М.	MIDDLE	POWEL	L.		September	MONTH	1981	2b. HOUR 11:30
3. SI		4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	female	wh	ite	2 MONTH	12	04	77	YRS	MONTHS DATS	HOURS MIN.
84 Ta E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  W. Virginia		WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER M	ARRIED	Baltimore city of Baltimore			MI
57	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACHITY, GIVE STREET A	ADDRESS)		ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O house-w	F WORKING LIF		BUSINESS OR
	STATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 6919 Ridge	eway R	oad	
30 IA. F	ATHER'S NAME FIRST  Gaston	WIDDLE	Boothe		I da	- IRST	WIDDLE		nderwood	d
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMAL	٦T	ADDR			
	no	GIVE WAR OR DATES)	217 12 3	907	Anna	Pierro	10525 Mart	ellin	i Dr. La	urel M
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OI	DUE TO, OR AS A CONSEQUENCE OF  (b) Sepsis  DUE TO, OR AS A CONSEQUENCE OF  (c) Internal Bleeding  NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI						VEN IN DART 1/2	
CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH (				200 AUTOPSY?	20b. IF YES	S, WERE FINDING	
	2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	REET, FACTORY, OFFICE, FA		211 LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
	270-1 certify that (X (this haspital) attended the deceased from saw the deceased alive an Sept. 17 19 19 19 19 19 19 19 19 19 19 19 19 19									ot (* (we) last
	22h SIGNATURE	lue	DEGREE  ATTENDING MEDICAL				MEDICAL STA		22c. DATE S	18/
1	Marshall	111Tman	MD				n Square D	r., 21	1237	
	BURIAL, CREMATION, REMOV. (SPECIFY) <b>BURIAL</b>	23b DATE 9/21,	100		METERY OR C	ery				state
	Marshall F BURIAL, CREMATION, REMOV.	AL 236 DATE 9/21,	23c N	ntrey	9000 F	rankli rematory ery	n S	Square Di LOCATION CITY OF TOWN BOONESV D. BY REGISTRAR	Square Dr., 21 I LOCATION CITY OF TOWN Boonesville, D. By REGISTRAR 256, REGIST	Equare Dr., 21237  I LOCATION CITY OF TOWN Boonesville, Vi D. By REGISTRAT 256 REGISTR

Malibore | Pranklin Square Possite! Boust-wife | Boust x 9919 Tidgessy noss ergilist ballyrs 17 12 3907 unto Pierro 10329 Sertellini Dr. Laurel Bucies syllest Generals Contest Hoomesville, Tyleshia Later controlsky 1995 parkits avende 550 5 1981 Size of the

230. BURIAL CREMATION REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

9/21/81

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Thomas Price Howard September 18, 1981 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 1893 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Baltimore County DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2414 Stockton Road, Phoenix, Md. Executive Banking Md. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [ NO X 2414 Stockton Road, Phoenix 15. MOTHER'S MAIDEN NAME Matilda Shelley Ann 17. INFORMANT ADDRESS Mrs. Evelyn H. Price, 2414 Stockton Rd. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 211. LOCATION CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PMEDICAL STAFF

> 660 Kenilworth Drive 23d LOCATION

DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY Clynmalira U. Meth Ch. Cem.

PHYSICIAN

Lemmon-Mitchell-Wiedefeld, 10 W. Padonia R&EP21

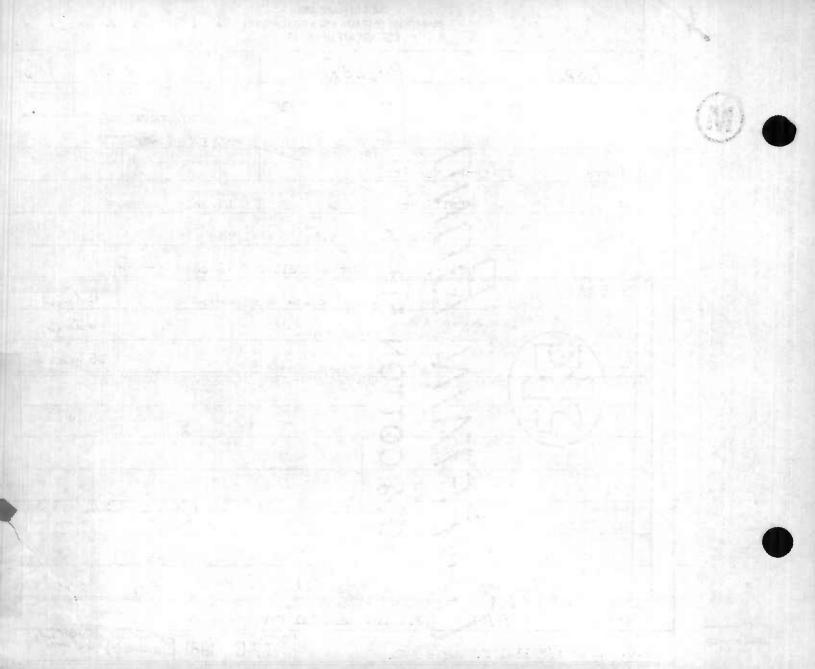
Phoenix, Md.

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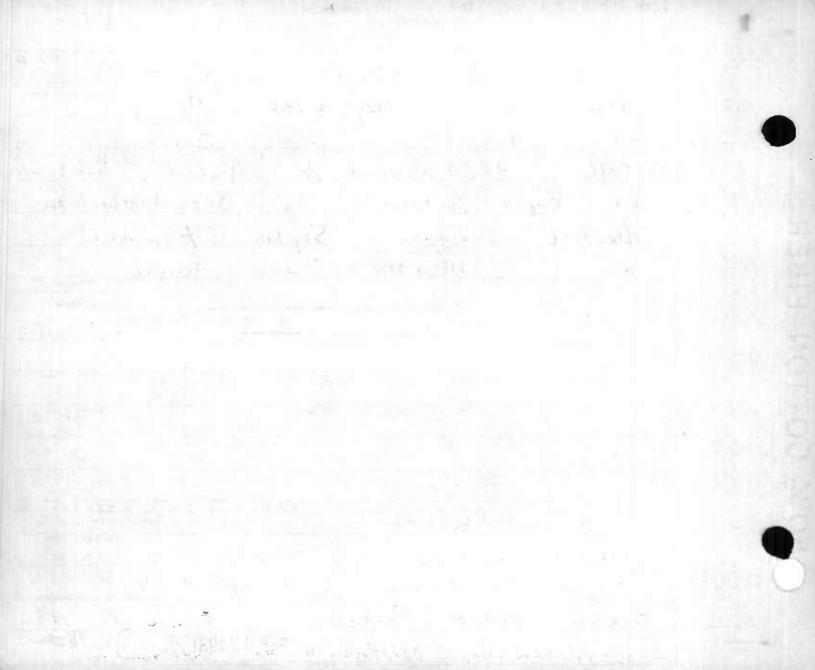
	1	FOR STATE REGISTRAR	DEPA	RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE B	2 2	3 3	5 3
deo the	(TYP	CEASED NAME FIRST ROS	MIDDLE	PRE	BOSK/	20. DATE OF DEATH	MONTH DAY	YEAR 26	2/2
cto de softer	3. SE	× FEMALE	4 RACE WHITE	S. DATE	PR. 15,25	6 AGE (IN YEARS LAST BIR	MON	INDER I YEAR	DOWN THE
eath. Pag n 72 hour tane.	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)  RUSSIA	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF		
s offer de by the fur illed within	.10 C	RANDALLSTOWN	11. NAME OF HOSPITAL, NU POT IN SUCH FACILITY, GIVES BALTIMORE CO	RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIF	ON	126. KIND OF B	USINESS OR OME
filled in rould be	13a.	AL RESIDENCE (IF NURSING HE POI STATE IND. OUI MARY LAND	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 13c. CITY OR 1 BALT 1		134. INSIDE CITY LIMITS?	13e STREET ADDRESS 2900 TER	RY DR.,	, APT.	A 21209
ompletely and 2 sh	14 F.	ATHER'S NAME SCHMIEL	MIDDLE BOOK	KUER	15. MOTHER'S MAIDEN NA			LAST	LTS:
be execu		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI		4-2040	17 INFORMANT A 4603 PANACI	MRS. SALIAYDAY EA RD. BA	MLLER LTO., N	1D 2	1208
equires that the death ce signed by the attending then please remove carb to burial, cremotion, or ra njury, or other traumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	QUENCE OF	A CUTE  NOT RELATED TO THE TERM  HORTIC ST	My My Man	CDFAL  DITION GIVEN  DFRICA	IN PART 1(a	DATURN FEET !
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OR ATTENDING The haspital or of the haspital or of the haspital or of the haspital or use as it begins to the haspital them 21 is mork		220.1 certify that (I) (this haspi	atj view the body after death.	9/000	nd that in (my) (our) opinion DEGREE ATTENDING	death occurred on the do	/		
TO HOSPITAL retained by the TO FUNERAL should be determed with the State with the State IMPORTANT.	22	22d. PHYSICIAN'S NAME (TYPE O	B-CONANA	11	PHYSICIAN [ 22e ADDRESS BCGH-R	DIRECTOR DHYSIC	IAN 🕽	ud. o	21/33
() BP		BURIAL, CREMATION, REMOVAL	9/6/81	BETH	EL MEM. PARK	RANDALLS	STOWN	BALTO.	MD
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	NERAL DIRECTOR SOL LI	EVINSON & BROS STOWN RD RAL	, INC.	21215 S	FP 10 1981	25h REGISTRAR	SIGNATUR	Varther

1 2 M 18-5 VALUETAR PRAKE SINGA, ACKNO STORESS, PRICHEDAL SHOW 7 7 is cominge to Commany and BOSA Commercial and a SIESE

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12		REGISTRAR	MIDDLE	CERTIFICATE OF		REG. NO	D.	T	
ge 3		OR PRINT)	A	D. at me		2a. DATE OF DEATH	MONTH GAY	198/ 2t	HOUR P
moy b	3 SE:	Henry	4 RACE	5. DATE OF BIRTH	MM	S. AGE (IN EARS LAST BIR	(HOAY) IF	UNDER I YEAR IF	M UNOER 24 HRS
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e 5 e	1	AR KVILLE	(IF NO IN SICH SICILITY, GIVES	PORCLAND	fre	(TYPE DE WORK FORMOSTO	ON F WORKING LIFE)	126 AND OF B	ECTATE
n 24 hours oftr	USU. 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUI	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)  DWN/  13d. INSIDE  YES   YES	CITY LIMITS?	3e. STREET ADDRESS	More	LAND	Ave
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or the death certificate to the attending physicise remove carbompaper ceremotian, or removal, ther traumatic event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) ED BY: TE CAUSE (a)	course of	wicenson	now to neck to	bone	APPROXIMA BETWEEN ONS	LEWY
the low requires on the special specia	CERTIFICATION	PART 2. OTHER SIGNIFICANT (	a Buette	TO DEATH BUT NOT RELATION WAS PERF		204 AUTOPSY? YES NO X	20b. IF YES, V	VERE FINDING	S USED F DEATH?
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ING PHYS	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCA' STRI	TION	CITY OR TO	WN	COUNTY	STATE
TTEND oppted of for use of Heo of Heo		sow the deceased alive or	oitol) ottended the deceosed from Bay of the deceosed from the body ofter death.	A /	19. 7.2 ny) (our) opinion de	eath occurred on the do	te and hour o		ot (I) (we) lost uses stated
AL OR ATT the hospinal all DIRECT detached for ote Dept. of		226. SIGNATURE Harold	HBurn	2 md	ATTENDING PHYSICIAN	MEDICAL STAF		22¢. DATE SIG	SNED
O HOSPITAL OR A etoined by the hos TO FUNERAL DIREC should be detached with the Stote Dept.		TA ROLD	OR PRINT) H. Bu	P.N.S 220 ADDR	8106	HARTORD	Rd	210.4	
BP	23a. I	SURIA, CREMATION, REMOVAL	236. DATE 9/8/8/	PARKWOO	R CREMATORY	23d. LOCATION CITY OF OWN	To	CO .	Medi
DHMH: 16 30M 2/80 (VRA 15, 4)	24. F	NAME TO HE	cal Chapelion	8800 Har Ford	AL "SEP	RT 7 1981 RA	MARCES A	Seigne	then



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